Office Use Only!

Date received _____

(R) Returning Student
(N) New Student
(WL) Waiting List

www.germanschoolatlanta.com
info@germanschoolatlanta.com

REGISTRATION FORM FOR THE SCHOOL YEAR 2022/2023

Student Last Name	First Name	DOB (month/day/year)	Place of birth (city)	F M Sex

GSA Level or Teacher Last School Year _____ **Name of Regular School / Grade as of 22/23** _____ _____

German Proficiency _____ Beginner _____ Intermediate _____ Advanced

___ German spoken frequently at home ___ Student enrolled in German at local school, Number of Years of German instructions: ____

Name of Parents _____ **Mailing Address/Street** _____

City, State, ZIP Code _____ **Phone** _____ **E-Mail address** _____

I have read and agree to the new mandantory volunteer hour policy as lined out in the registration letter (please initial_____) .

I have received and agreed to the GSA Release and Authorization Policy Yes / No

_____
Signature of Parent

MEDICAL EMERGENCY FORM FOR THE SCHOOL YEAR 2022/23

Name of Student _____ **Emergency Contact (NOT Parent) Name & Telephone Number** _____

In the event that Emergency Medical treatment is indicated and the German School of Atlanta is unable to contact you or your spouse, signing this from constitutes authorization for the school to perform or arrange for whatever treatment is necessary.

Date _____ **Signature of Parent** _____

The German School of Atlanta is open to all students without regard to race, creed or national origin.
The GSA, a non-profit organization, greatly depends on your support and donations.