

**Office Use Only!**

Date received \_\_\_\_\_

(R) Returning Student

(N) New Student

(WL) Waiting List



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[info@germanschoolatlanta.com](mailto:info@germanschoolatlanta.com)

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**REGISTRATION FORM FOR THE SCHOOL YEAR 2025/2026**

\_\_\_\_\_  
**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 25/26**

**German Proficiency**      \_\_\_\_ Beginner      \_\_\_\_ Intermediate      \_\_\_\_ Advanced

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

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\_\_\_\_\_  
**Name of Parents      Mailing Address/Street**

\_\_\_\_\_  
**City, State, ZIP Code      Phone      E-Mail address**

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**I have read and agree to the mandatory volunteer hour policy as lined out in the registration letter (please initial \_\_\_\_\_).**

**I wish to pay \$150 and not volunteer my time  (please check box for that option)!**

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

\_\_\_\_\_  
**Signature of Parent      Occupation of Parent(s)**

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**MEDICAL EMERGENCY FORM FOR THE SCHOOL YEAR 2025/26**

\_\_\_\_\_  
**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 form 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.