

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 2026/2027

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 26/27		How did you hear about GSA?
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 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 2026/27

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