



The German School of Dallas

Enrollment Form

Early Bird No Registration Fee! Only offered through May 25!

Summer Classes '19 **\$ 180 + \$20 registration fee**

Fall Semester '19 **\$375 + \$20 registration fee for the first family member, each**
additional family member

\$10 registration fee

Spring Semester '20 **\$375 + \$20 registration fee, see above**

Student Name

1 _____ DOB _____

2 _____ DOB _____

3 _____ DOB _____

4 _____ DOB _____

Primary Family Contact

Name _____

Address _____

Phone, home and cell _____

Email _____

Alternate Family Contact

Name _____

Address _____

Phone, home and cell _____

Email _____

Photo Release Agreement:

I/We hereby permit the school to use photos or any other media format of me/us in school related papers such as brochures, the school website or in newsletters

YES NO

Please make payment check out to "The German School of Dallas"

Send to: The German School of Dallas,

5995 Summerside Dr. P.O. Box 793388, Dallas, TX 75379
<http://www.germanschooldallas.com>

Disclaimer:

By submitting this registration you agree to the following terms:

I/We agree to assume all responsibility for compliance with the rules and regulations imposed by The German School of Dallas.

I/We, being parent(s) or legal guardian(s) hereby acknowledge that The German School of Dallas is not responsible for any bodily injuries while the students attend class or on the church property.

If a child presents a severe discipline problem, the teacher will discuss this with a responsible parent/guardian. If necessary, the school reserves the right to dismiss such a student.

The Medical Treatment Authorization and Consent Agreement is designed for those situations where children and/or minors are unaccompanied by either parents or legal guardians. It gives authority to a designated adult to arrange for medical care for a child and/or minor in the event of an emergency. Medical care cannot be provided to a child and/or minor without approval by the parents or legal guardians, unless you are declaring your consent by submitting this form.

I/We, being parent(s) or legal guardian(s) do hereby authorize a representative of _____ The German School of Dallas or such substitute as he/she may designate as agent of the school to consent to any X-Ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the registered student named child and/or minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

I accept disclaimer

Signature

Date