



The German School of Dallas

Enrollment Form

Spring Semester 2020

\$375 + \$20 registration fee for the first family member, each additional family member \$10 registration fee

Student Name:

Date of Birth:
(MM/DD/YYYY)

Level of Proficiency:
Beginner/Intermediate/Advanced
Previous Class or Teacher

1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

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. (PLEASE CHECK ONE!)

YES

NO

Please make check payable to: "The German School of Dallas"

Send check, Enrollment and Medical Release forms to: The German School of Dallas

5995 Summerside Drive, 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