



The German School of Dallas

Registration Form

Spring Semester 2024

<http://www.germanschooldallas.com>

15 x 2.5 hour classes

Tuition: \$405 + \$20 non-refundable registration fee (one per family).

The school reserves the right to cancel a class due to low enrollment. School fees will be reimbursed.

Class Preference

In Person Classes: Saturdays from 9:30 AM – noon at All Saints Catholic Church

Children & Teens	Previous Teacher / Language Level	<input style="width: 90%;" type="text"/>	<input type="checkbox"/>
Adults:	Previous Teacher / Language Level	<input style="width: 90%;" type="text"/>	<input type="checkbox"/>

Zoom - Classes:

Adults:	Frau Britta Borgardt: Adult A.1.1 Complete Beginner Saturdays noon - 2:30 PM	<input type="checkbox"/>
Adults:	Frau Britta Borgardt: Adult A1.2 Beginner Saturdays 9:00 - 11:30 AM	<input type="checkbox"/>
Adults:	Frau Margit Mollhoff: Adult Intermediate A2+ Saturdays 3:30 – 6 PM	<input type="checkbox"/>
Adults:	Frau Margit Mollhoff: Adult Advanced A2/B1+ Mondays 9:30 – noon	<input type="checkbox"/>
Adults:	Frau Elke Vassen: Gesprächsrunde A2+ Wednesdays 7:00 – 8:00 PM \$10 per class (min payment \$50)	<input type="checkbox"/>

Student Name:

Age

Level of Proficiency

Contact Information

Name	<input style="width: 100%;" type="text"/>		
Address	<input style="width: 100%;" type="text"/>		
Cell Phone	<input style="width: 90%;" type="text"/>	Home Phone	<input style="width: 90%;" type="text"/>
Email	<input style="width: 100%;" type="text"/>		
Emergency Contact	<input style="width: 90%;" type="text"/>	Relationship	<input style="width: 90%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>		
Cell Phone	<input style="width: 90%;" type="text"/>	Home Phone	<input style="width: 90%;" type="text"/>
Email	<input style="width: 100%;" type="text"/>		

**TO REGISTER, PLEASE COMPLETE THIS FORM AND EMAIL TO: info@germanschooldallas.com
OR PRINT AND SEND TO: The German School of Dallas, Post Office Box 793388, Dallas, TX 75379
PAYMENT IS DUE WITH REGISTRATION**

To pay via Zelle, send payment to:

THE GERMAN SCHOOL OF DALLAS
info@germanschooldallas.com

(Please include the student's name on memo line)

Send check to:

The German School of Dallas
Post Office Box 793388
Dallas, TX 75379

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

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 (Please type your name. It serves as your digital signature.)

Signature

Date MM/DD/YY

How did you hear about us?