APPLICATION FOR	SCHOOL OR	KINDERGARTEN	SCHOOL COM	MUNITY
Given name (child)			Date of birth	_
Family name			Sex	male female
Address			Confession	
Post code / place of residence				
Place of birth				
Home telephone			Nationality	
AHV-Number (can be found on your he	ealth insurance card		Mother tongue	
New arrivals: Moved from			Moving date	
Did your child already visit a kindergarten or a school?	No		Grade/class	
	Yes →		·	
			Place of school	
Siblings (First names, ye	ear of birth):	Date of entry t	o our school	·
	<i>50. 6. 5. 11.</i>			
The child lives in the household of	both pare mother		er tives or guardian	
Personal data of parents	Father		Mother	If the child doesn't live with the parents: Guardian
Family name (Maiden name of the mother)				
Given name				
Date of birth				
Relationship status				_
Profession				_
Place of birth/Nationality				_
Address *				_
Place of residence				_
Home telephone *				_
Mobile telephone				_
E-Mail				_
* only fill in, if the adress oft he child is not the same as the address of the parents.				Relationship: Grandparents Siblings aunt/oncle guardian
	kes ten years: one	year of kindergarten	, six years of prim	ary education and a three- he first year is voluntarily.
Date		Signature		
Please don't fill in this	part!			
Zugeteilt zu Klasse / KG			Lehrer/in	
Wochentag/Datum des Eintritts			EDV erfasst	