



Deutsche Sprachschule London
GERMAN LANGUAGE SCHOOL, LONDON

Registration Form
(Please complete BOTH sides)

School Year: 20___/20___

Date: ___/___/___
(mm/dd/yy)

Parent/Guardian Information

Name: (Fill in <u>parent's</u> or guardian's name if student is under 18 years of age)	
Surname:	First name:
Address:	Home Phone:
Unit/Apt:	Cell Phone: (for emergencies only)
City:	Postal Code:
Email address:	

Student Information

Student's Name(s):	Age	Teacher's Name:	Room
1.			
2.			
3.			
4.			

FOR OFFICE USE ONLY!	
Registration Fee:	# of adults ___ x \$170 = \$
	# Highschool students ___ x \$95 = \$
	<u>Elementary</u> students \$95 (1 st child) = \$
	<u>Elementary</u> students \$85 (2 nd child) = \$
	<u>Elementary</u> students \$80 (3 rd child) = \$
	# of Book Deposits ___ x \$30 = \$
Please circle: Cash - Cheque	TOTAL \$

*Registration Fee is non-refundable after the 2nd Saturday of class!

I have read and understand the policy regarding **refunds**..

X
Parent Signature (if student is under 18 yrs of age)

Please turn page over. Both pages MUST be completed and signed before the application can be processed!





MEDIA COVERAGE RELEASE

**Re.: German Language School London Website:
www.germanschoollondon.com**

Occasionally, the news media (newspaper, television, radio, magazines) or outside agencies may visit the school to interview, photograph, film or record students as part of their news stories. This material may also be published on our own website at www.germanschoollondon.com

Student's Name(s):

1.	2.
_____	_____
3.	4.
_____	_____
5.	6.
_____	_____

- I give permission for my child(ren) to participate.
- I do not give permission for my child(ren) to participate.

Parent/Guardian Signature
(if student is under 18 yrs of age)

Date

BOARD RECORDINGS

Occasionally, Board staff may visit the school to photograph, videotape, or record students participating in school activities. These recordings could be used in Board publications, audiotapes, videotapes, community television programs, the Boards' website, or by the Thames Valley Education Foundation, all available to the public.

Student's Name(s):

1.	2.
_____	_____
3.	4.
_____	_____
5.	6.
_____	_____

- I give permission for my child(ren) to participate.
- I do not give permission for my child(ren) to participate.

Parent/Guardian Signature
(if student is under 18 yrs of age)

Date