

# Registration Form Student



Einwohnergemeinde  
Cham

## Particulars of the student

Surname:

First name:

Date of birth:

sex:  male  female

Place of birth:

Religion:  catholic  protestant  other:

First language:

Colloquial language:

German knowledge:  none  little  good

Sibling:

(first name, year of birth)

## Particulars of the parent or legal representative

Legal represent:  Parents  Mother  Father  Foster parents

Mother:

(surname/ first name)

Address:

(only if not identical to the address of the child)

E-Mail:

Father:

(surname / first name)

Address:

(only if not identical to the address of the child)

E-Mail:

## Prior place of residence

Street and No.:

ZIP and Place:

Canton/Country:

**New place of residence**

Street and No.:

---

ZIP and Place:

Moving date:

---

Phone 1\*:

Phone 2:

---

\*This telephone number may be used for the class list.

---

**Last visited school**

Place of school:

---

Level/Class:

---

Teacher:

Phone:

---

Last school day:

---

**School history**

Entry date:

Date:

Place:

Canton/Country:

---

Kindergarten, voluntary year

---

Kindergarten, obligatory  
year

---

Primary school

---

Secondary school

---

**Remarks**

---

---

---

If only one parent signs the form, his or her signature confirms that he or she is a single parent or that he or she is signing with the consent of the other parent.

**Confirmation for the correctness of the abovementioned information**

Place, Date

Signature of the parent or legal representative

---

**Please do not forget to register yourself also at the registration office, Mandelhof, 6330 Cham, as soon as you moved to Cham.**