

Registration for secondary school (Sekundarstufe II)

Date: _____
Handz.: _____

| | | | | | | | | | | | |
|---|--|-------|--------|-----------|-------------------------------|-------------|--------|------------|--------|---|--|
| Surame: | | | | | | | | | | | |
| First name(s): | | | | | | | | | Sex: m | w | |
| Date of Birth: | | | | | Place of birth | Country | | | | | |
| Nationality.: | | | | | | | | | | | |
| Religion: | prote. | cath. | jewish | sunnit. | shiit. | alevit. | jesid. | other: | | | |
| Residential permit | | | | | | Expiry date | | | | | |
| kontakt details: | Adress: where do you stay in the county or town of Lüneburg? | | | | | | | | | | |
| | | | | | | | | | | | |
| | E-Mail | | | | | | | | | | |
| | Mobile phone number | | | | | | | | | | |
| kontakt details parent or authorised guardian | Surname | | | | | | | father | mother | | |
| | Adress | | | | | | | | | | |
| | | | | | | | | | | | |
| | E-Mail | | | | | | | | | | |
| | Mobile phone number | | | | | | | | | | |
| German language skills of parent or guardian | none | low | good | excellent | other foreign language skills | | | | | | |
| Contact details official custodian | Adress | | | | | | | | | | |
| | | | | | | | | | | | |
| | E-Mail | | | | | | | | | | |
| | Mobile Phone number | | | | | | | | | | |
| native language(s) | | | | | | | | | | | |
| German Language | none | low | good | excellent | alphabetised | | yes | no | | | |
| Previous school education ... in your home country | duration /last grade or level visited | | | | Documents/ Certificates | | | | | | |
| | | | | | yes | no | | | | | |
| previous school education ... in other countries | | | | | | | | | | | |
| previous school education ... in German Name and contact of school | | | | | | | | | | | |
| Certificates | yes | | no | | certified copies | | | translated | | | |
| University entrance qualification | yes | | no | | | | | | | | |
| entrance qualification vocational trainir | yes | | no | | Kopien für Akte | | | | | | |

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| | | | |
|---|--------------------------------|-------------------------|-------------------------|
| Surname, name: | | Date | |
| | | Handz.: | |
| For official use: Empfehlung Schulkontakt | Anmeldung zur Beratung am | Beratungsgespräch am | Aufnahme erfolgt zum |
| | mit | mit | an Schule |
| | Telefon/email | Telefon/email | |
| | Daten an Schule übermittelt am | | |
| Meldung an das RLSB | am | | |
| Förderberatung | BuT | BaföG | Nachteilsausgleich |

**Declaration of consent of the (adult) pupil(s)
or parent/official guardian/ official custodian**

I hereby agree that the personal data collected here
may be passed on by the Education and Integration Office
to schools, educational institutions and counselling centres.
or used in anonymous form for statistical purposes.

Signature of parent or official guardian/custodian

Date, place

Signature of adult pupil