

# Registration for vocational school BBS

**Date:** \_\_\_\_\_  
**Handz.:** \_\_\_\_\_

<b>Surame:</b>										
<b>First name(s):</b>									Sex: m w	
Date 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										
entrance qualification for university or vocational school:	yes	no	certificates		certified	translated				
	<b>Kopien für Akte</b>									

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**Surname, name**

**Date**

Handz.:

vocational training	Duration/ level	subjects
vocational experience	Duration	
Career choice		
Educational counselling desired		

**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