

Registration for secondary school (primary school)

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	

**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