

**Englisch**

**REGISTRATION FORM**

**Summer language programme for recently immigrated students**

**When? 13–24 August 2018, Monday-Friday, 5 hours a day,**

**From 9.00 am – 2.00 pm (exact times will be given in the confirmation of registration)**

**Where? Name of school and location (exact venue given in the confirmation of registration)**

**1. Angaben des Schülers/der Schülerin zur Person (bitte gut leserlich in Druckschrift)**

Name, Vorname

Geburtsdatum (TT.MM.JJJJ)

Straße, Hausnummer

Postleitzahl, Ort

Telefon

Welche Sprachen kannst du sprechen?

**2. Angaben der Schülerin/des Schülers zur Schule (bitte gut leserlich in Druckschrift)**

Welche Schule besuchst du im Moment?

Welche Klasse besuchst du?

Seit wann lebst du in Deutschland (Monat, Jahr)?

**3. Cost**

The language programme is free of charge for all participants.

If the student requires a bus to travel to the venue, the bus tickets will also be made available free of charge. You will receive further information in the confirmation of registration.

**4. Consent form**

By signing this document, I am confirming that the above information is accurate and that I (my son/daughter) would like to bindingly register for the above-mentioned, free-of-charge language programme. Furthermore, I am aware that I (my son/daughter) can only attend the programme with written confirmation from Kreis Gütersloh's Municipal Integration Centre (Kommunales Integrationszentrums Kreis Gütersloh). Those who register for the programme and successfully obtain a place should also make sure to attend. If you cannot attend, please notify us of your cancellation.

I understand that my information will be passed onto the organisers of the language programme. I hereby confirm that my child does not suffer from any illnesses or medical conditions that could prevent his/her participation.

I agree to the publication of photos:  yes  no

**Additional section for participants under the age of 18:**

**(Note: please only complete this section if the student is under 18 years of age)**

Name, Vorname der Mutter, des Vaters oder eines Erziehungsberechtigten

Notfall-Telefonnummer, unter der man die Mutter, den Vater oder einen Erziehungsberechtigten erreichen kann

Ort, Datum

Unterschrift, bei minderjährigen Teilnehmenden der Mutter, des Vaters oder eines Erziehungsberechtigten