

Application Form

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|-------|
| PHOTO |
|-------|

Applying to School Year _____

Grade applying for _____

Personal information student

| | |
|--------------------------|----------------|
| First name | Middle name |
| Surname | |
| Date of birth MM/DD/YYYY | Gender |
| Nationalities | Place of birth |
| Home address | |
| Telephone | Cell phone |

Siblings

| Name | DOB | Gender | Grade | School attending |
|------|-----|--------|-------|------------------|
| | | | | |
| | | | | |
| | | | | |

Languages

| | | |
|--|----------------|---------------------------|
| First language | other language | other language |
| Which language(s) is/are spoken by the student at home | | |
| Preferred language mother | | Preferred language father |

Previous education (begin with present school working backwards including kindergarten and preschool)

| Name / City of School | Dates attended | Grade(s) attended |
|-----------------------|----------------|-------------------|
| | | |
| | | |
| | | |

Personal information family

| | |
|---------------------|---------------------|
| Parent / guardian 1 | Parent / guardian 2 |
| Family name | Family name |
| First name | First name |
| Nationality | Nationality |
| Occupation | Occupation |
| Address | Address |
| Home phone | Home phone |
| Cell phone | Cell phone |
| Business phone | Business phone |
| Email | Email |

| | |
|--------------------|--|
| Student lives with | |
|--------------------|--|

**Special educational needs
 (None / Gifted or Talented / Learning Support)**

| | |
|------------------------------|---------------------|
| Previously enrolled programs | Support required in |
|------------------------------|---------------------|

Has the student previously been recommended for special programs or counseling?

Have you or the previous teachers any concerns regarding the following (none / academic progress / behavior / ability to concentrate)

The Parents / Guardians confirm that all information given in this document is given in full, and is correct.

Parent's 1 / Guardian's signature

Date

| | |
|--|--|
| | |
|--|--|

Parent's 2 / Guardian's signature

Date

| | |
|--|--|
| | |
|--|--|

Required Records / Documents

With Application:

- Completed Application Form
- Application Fee \$ 200
- Birth certificate
- All Transcripts / School Record Cards of Student from Prior Schools

By Mai 31st:

- Emergency and Escort Information
- Consent to Treat Form
- Liability waiver
- NY Health Examination Form

Please submit all required documents via email or send them to:

Manhattan Initiative Holdings LLC
74 Warren St., New York, NY 10007

Email: iwoerner@germanschoolmanhattan.org

The application fee can be paid by cheque or wire transfer to:

Manhattan Initiative Holdings LLC
74 Warren St., New York, NY 10007

Chase Bank
Account# 257877693
Routing# 021000021
SWIFT: CHASUS33