

Einschreibeformular für Schuljahr / *Enrolment form for school year* 20__ / 20__

Name des Kindes/ *Child's surname*: _____ Vorname(n) / *Christian name(s)*: _____

Kinderkrippe / *Nursery school*

Vorschule 1 / *Preschool 1*

Vorschule 2 / *Preschool 2*

Reception / *Reception*

Primarschule / *Primary school* Klasse / *Class*: . _____

Oberstufe / *Secondary school* Realschule Klasse / *Class*: . _____

Sekundarschule Klasse / *Class*: . _____

Bezirksschule Klasse / *Class*: . _____

Vorschultage / <i>Preschool days</i>	Montag <i>Monday</i>	Dienstag <i>Tuesday</i>	Mittwoch <i>Wednesday</i>	Donnerstag <i>Thursday</i>	Freitag <i>Friday</i>
Morgen / <i>Morning</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nachmittag / <i>Afternoon</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Schulbus / <i>School bus</i> :	Montag <i>Monday</i>	Dienstag <i>Tuesday</i>	Mittwoch <i>Wednesday</i>	Donnerstag <i>Thursday</i>	Freitag <i>Friday</i>
Morgen / <i>Morning</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nachmittag / <i>Afternoon</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Haltestelle / *Pick-up location*: _____

	Montag <i>Monday</i>	Dienstag <i>Tuesday</i>	Mittwoch <i>Wednesday</i>	Donnerstag <i>Thursday</i>	Freitag <i>Friday</i>
Mittagessen / <i>Hot lunch</i> :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Randstundenbetreuung / *Out-of-hours supervision*

Wochentag(e) / *Weekday(s)*: _____

Zeit(en) / *Time(s)*: _____

Ort, Datum /
Place, date: _____

Eltern Unterschrift(en) /
Signature of parent(s): _____