

Term

Fall Herbst	Spring Frühling	20
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Step 1: Family Information/Familiendaten

Last Name/Name	First Name/Vorname	Home phone/Telefonnr.	Work phone/Büronr.	Cell phone/Mobilnr.	
Address/Hausnr. + Straße		City/Stadt	State/Land	Zip/PLZ	Email
Last Name/Name	First Name/Vorname	Home phone/Telefonnr.	Work phone/Büronr.	Cell phone/Mobilnr.	
Address/Hausnr. + Straße		City/Stadt	State/Land	Zip/PLZ	Email
Employer/Arbeitgeber	Emergency Contact/Im Notfall		Home phone/Telefonnr.	Cell phone/Mobilnr.	

Step 2: Student Information/Schülerdaten

	First Name/Vorname	DOB/Geb.	Age/Alter	Grade/Klasse	Native lang./Mutterspr.	German Proficiency/Deutschkompetenz		
1	 	 	 	 	 	Beginner <i>Elementar</i>	Intermediate <i>Mittelstufe</i>	Advanced <i>Fortgeschritten</i>
2	 	 	 	 	 	Beginner <i>Elementar</i>	Intermediate <i>Mittelstufe</i>	Advanced <i>Fortgeschritten</i>
3	 	 	 	 	 	Beginner <i>Elementar</i>	Intermediate <i>Mittelstufe</i>	Advanced <i>Fortgeschritten</i>

Tuition & Fees/Gebühren			
Qty/Anz.	Student(s)/Schüler	Fee/Gebühr	Total/Summe
1	First student	x \$150	\$150
	Additional student/s (each)	x \$100	
1	Registration fee (per family)	x \$ 30	\$ 30
Donation/Spende*			
Total Amount Due/Betrag			

* non-profit status pending

Payment/Zahlung
<p>Make checks payable to GSNEKS. Bring this form and payment to school on a Saturday when class is in session in Reese Hall, Bishop Seabury Academy (9:30-11 a.m.) or mail to:</p> <p style="text-align: center;">GSNEKS, c/o Michael Windheuser 1275 N 1108 Road Lawrence, KS 66044</p>

Digital Media Permission/Erlaubnis				
<p>I give my permission that digital photos and audio-video clips of myself and my children may be placed on the German School Of Northeast Kansas website (www.lawrencegermanschool.org) or a subsequent website using the school name) and also permit the same to be used in professional educational settings and in GSNEKS advertising without restriction so long as we are not identified by name and no personal information is released.</p> <p>I understand I have the right to withdraw this permission at any time in writing.</p> <p style="text-align: center;"> <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><i>Ja</i></td> <td style="text-align: center;"><i>Nein</i></td> </tr> </table> </p>	Yes	No	<i>Ja</i>	<i>Nein</i>
Yes	No			
<i>Ja</i>	<i>Nein</i>			
<table style="width: 100%;"> <tr> <td style="width: 70%;">Signature/Unterschrift</td> <td>Date/Datum</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Signature/Unterschrift	Date/Datum	 	
Signature/Unterschrift	Date/Datum			

The GSNEKS admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its admissions.

I have read and understand this application. I certify that the information I have submitted is complete and accurate to the best of my knowledge and belief. In addition I understand and agree, as a condition of our child(ren) being accepted into GSNEKS, that I shall not hold liable the GSNEKS, their employees, directors, officers, volunteers or agents for any injury which may occur in connection with any activity of the GSNEKS before, during, or after school. I shall also not hold liable Bishop Seabury Academy, its officers, faculty, or staff of any injury which may occur on the School property during my participation in the GSNEKS.

Parent or Legal Guardian Signature/Unterschrift des Erziehungsberechtigten _____ Date/Datum _____

Education/Ausbildung

First Name/Vorname	Additional information about current foreign language skills/Weitere Informationen über Fremdsprachenkenntnisse
1	
2	
3	

What languages are spoken in your home? Welche Sprachen werden zuhause gesprochen?	Mother/Mutter	Father/Vater
1		
2		
3		

Medical Information/Gesundheitsdaten

First Name/Vorname	Medical conditions, allergies, medications/Krankheiten, Allergien, Medikamente
1	
2	
3	

Volunteer Program/Freiwilligendienst

GSNEKS could use your help! Please check all of the following areas with which you would be willing to help:

Preparation of future materials for classrooms (assist with teachers' needs, i.e. copy, cut, staple, and paste things together for use in class)	Volunteer Coordinator (match the needs of GSNEKS with the skills and interests of those who indicate willingness to help)	Advertising Committee (create advertising to make GSNEKS known throughout Lawrence, Topeka, Kansas City, and all of NE Kansas)
Saturday setup/breakdown (arrive a few minutes early, and stay a few minutes late)	Lending Library Loans/Donations (loan your books/games/toys to the GSNEKS lending library)	Sponsorship Committee (recruit/solicit sponsors or other outside funding, including writing of grants)
Registration Assistant (answer questions, collect forms and payment from new students)	Lending Librarian (store, transport, check out and return materials each week)	Scholarship Fund Committee (work with donors and sponsors to establish, and manage scholarships)
Refreshments (organize coffee, tea, and treats each Saturday)		