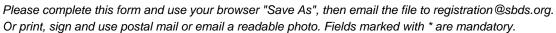
SBDS Application for Membership and Enrollment 2023-2024





Last Name*				Home Phone			
First Name*				Cell Phone			
Address*				Email*			
Address							
				Email2			
STUDENT(S)	The member	r himself/h	erself	US Grade			
Last Name, Fire	st Name:	Da	ate of Birth: ¹	in 2023-24 :	Student Email:	Geri	man :
Foroll only if	every student of th	e family get	ts into a class	this may reduce r	my chances to ge	et in)	
•				- Tay Toddoo T	——————————————————————————————————————		
Notes/ Allergies	/ Teach Pref.						
Individual Educ	ation Plan (IEP) a	at US scho	ool				
EMERGENCY CO	NTACT The pers	on to be co	ntacted in cas	se of emergency or	with whom child	may leave.	
Name				Home Phone			
Ivallie				Home Filone	1		
Relationship				Cell Phone			
	EES				2nd	Student 3rd or n	nore S
Relationship		Class: \$420	Teen/Ad			Student 3rd or n \$60 \$120	nore S
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¹ Date of Birth: needed for students < 21 years to calculate age statistic report for the German Bundesverwaltungsamt.

² German Skills: estimate a level from 1 = Beginner, 2 = Intermediate, 3 = Advanced, 4 = Native Speaker