



Admission 2025-2026

| | | |
|---|------------------|------------------|
| STUDENT INFORMATION | | |
| Surname(s) of Child | | Place Photo Here |
| First Name(s) of Child | | |
| Circle: Male Female | | |
| Address | | |
| City | State | Postal Code |
| Parent's Home Phone | Cell Phone Email | |
| Citizenship | | |
| Health Insurance and Number | | |
| Birth date (Month/Day/Year) | | |
| SCHOOL INFORMATION | | |
| Entering Grade | Entrance Date | |
| Has this student repeated or advanced a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If "yes," which grade(s)? | | |
| Name of school attended this past year | | |
| Address | | |
| City | State | Postal Code |
| Telephone Number | Fax Number | |
| List all previous schools attended (Most recent to least recent) | | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| HEALTH INFORMATION | | |
| Doctor's Name | Telephone Number | |
| Has the applicant any history of a physical or emotional condition or a learning disability which has required special attention or | | |
| which may require special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain. | | |

Admission 2025-2026

| | | | |
|---|------------|----------------------------------|--------------------|
| Is this child on medication? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If, "Yes," for what purpose? | | | |
| Why do you want to enroll your child at this school? | | | |
| Person(s) to contact in case of an emergency, if parents are unavailable | | | |
| Name Relationship Phone Number(s) | | | |
| Name Relationship Phone Number(s) | | | |
| FAMILY INFORMATION | | | |
| Father | Surname | First Name | Nationality |
| Address (If different than child's) | | | |
| City | | State | Postal Code |
| Home Phone | Cell Phone | E-mail: | |
| Occupation | Employer | Work Phone | |
| Employer's address | | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | | | |
| Living with child: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Church Affiliation |
| Mother | Surname | First Name | Nationality |
| Address (If different than child's) | | | |
| City | | State | Postal Code |
| Home Phone | Cell Phone | E-mail: | |
| Occupation | Employer | Work Phone | |
| Employer's address | | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | | | |
| Living with child: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Church Affiliation |
| Siblings | | | |
| Name | Age | School Attending (if old enough) | |
| Name | Age | School Attending (if old enough) | |
| Name | Age | School Attending (if old enough) | |

INVOICE ADDRESS (must be completed)

Admission 2025-2026

Payment made by (please circle one): SELF COMPANY (please insure that we have the correct billing information and invoice address)

Name: _____

Address: _____

OR

Email Address: _____

Please note parents are ultimately responsible for all non-payment of fees whether paid privately or by a company. Refer to the Schedule of Fees for details of charges/costs which accrue for non-or late payment.

Please note: CLAS reserves the right to cancel a class if the number of students registered for it by **August 15, 2022** does not make it financially viable. Alternatively, parents may agree to an increase in fees in order to preserve the financial viability of a particular class.

STUDENT BACKGROUND

Student's Name _____ Current Grade _____

Child's Native Language _____ English spoken at home? YES NO (circle one)

Mother's Native Language _____ Father's Native Language _____

If your child's native language is **not English**; check the box which best describes each skill level:

| English | No skills | Beginning | Intermediate | Advanced |
|----------------|-----------|-----------|--------------|----------|
| Listening | | | | |
| Speaking | | | | |
| Reading | | | | |
| Writing | | | | |

If your child's native language is **not German**; check the box which best describes each skill level:

| German | No skills | Beginning | Intermediate | Advanced |
|---------------|-----------|-----------|--------------|----------|
| Listening | | | | |
| Speaking | | | | |
| Reading | | | | |
| Writing | | | | |

Other Languages your child uses:



Admission 2025-2026

| | | | |
|------------------|-----------|--------------|----------|
| Languages | Beginning | Intermediate | Advanced |
| | | | |
| | | | |

Previous schooling

| Name of School | Contact Address | Dates Attended | Grade | Language of instruction |
|-----------------------|------------------------|-----------------------|--------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Has your child ever been identified with learning difficulties or special needs?

Yes No (Circle one)

If yes, please give details _____

Has your child ever received learning support?

Yes No (Circle one)

If yes, please give details _____

Has your child ever been involved in disciplinary action taken at school?

Yes No (Circle one)

If yes, please give details _____

Does your child have any physical disabilities?

Yes No (Circle one)

If yes, please give details _____



Admission 2025-2026

In signing this application, I (we) agree that:

I (We) have read the Statement of Faith and Statement of Family Core Values and agree to support these statements in our home and have my (our) child educated in accordance with them; The school (Christian LIFE Academy Stuttgart) has full discretion in the discipline of my (our) child in accordance with its discipline policy; The school has full discretion for the grade and class placement of my (our) child; The school reserves the right to dismiss my (our) child if he/she does not cooperate with the educational process or if the student or his/her parents are perceived by the school as a threat to the physical, psychological, or emotional well-being of other students or school staff members.

I (We) understand that tuition rates do not cover the cost of operating the school and thus my (our) participation is needed in lending practical help and prayer support in a mutual effort to train our children; I (We) have read the policies relating to the tuition payments and agree to pay all tuition fees, and other financial obligations on or before the due date without a reminder and in accordance with these policies.

I (We) hereby confirm that we have no unpaid debts at any other independent/private school.

Signature(s):

_____ Father

_____ Mother

_____ Guardian

_____ Date

For Office Use Only

Entrance Test

Completed Date: Fee Paid

Registration

Accepted Acceptance Letter/Information Sent Fee Paid Not

Accepted/Notified Comments:

Placement

Grade: Starting Date:

Requests/Receipts

OSR Request Sent Received Health Questionnaire Received Recent Reports Cards Received

Other

Christian LIFE Academy of Stuttgart is incorporated under the laws of Regierungspraesidium Stuttgart of Baden-Wuerttemberg E.V. non-profit organization, and all donations to the school (but not payment of fees) are tax deductible.

CLAS does not discriminate on the basis of race, color, nationality, or ethnic origin in the administration of its educational policy and program.



Admission 2025-2026

General Data Protection Regulation (GDPR) Privacy Policy

Disclosure Statement:

I hereby authorize and consent to Christian LIFE Academy of Stuttgart its agents and employees, to inquire into and undertake whatever personal information that CLAS in its sole discretion, deems appropriate to determine my personal information be kept confidential. I understand that the information will be kept confidential to the extent permitted by law according to GDPR Policy. See the link for more information.

I understand that CLAS is committed to protecting and respecting your privacy, and we'll only use your personal information to administer your account and to provide you with services your requested from us. In order to provide you the content requested as the school need to store and process my family's personal data.

Name _____ Date: _____

Signature: _____

Name _____ Date: _____

Signature: _____