Schulamt

Effingerstrasse 21 / «Meerhaus»

3008 Bern

Phone 031 321 64 31

e-Mail: manuela.holzer@bern.ch

 **Registration: Intensive course of German (city of Bern)**

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| 1. **Personal data of the pupil**
 |
| Surname |  |
| Given name(s) |  |
| Street, Nr. |  |
| ZIP Code, Site |  |
| Date of birth |  |
| Gender | [ ]  female [ ]  male [ ]  diverse  |
| Nationality |  |
| Date of entry to Switzerland |  |
| Insurance Number | \_ \_ \_.\_ \_ \_ \_.\_ \_ \_ \_.\_ \_ (to be found on the health insurance card) |
| Residence permit(B, F, N, S) |   |
| Number of school years attended (finished) |  |
| Current class in the country of origin |  |
| School town (country of origin) |  |
| Allergies, diseases |  |

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| 1. **Personal data of the pupil’s parents/legal representatives**
 |
| Data of | Father | Mother |
| Surname, given name  |  |  |
| Address(if not identical to section 1) |  |  |
| Phone / Mobile |  |  |
| e-Mail |  |  |
| Residence permit(B, F, N, S) |  |  |
| Nationality |  |  |
| Profession |  |  |
| Language skills |  |  |

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| 1. **Other contact persons**
 |
| Surname, given name |  |
| Function: | [ ] family acquaintances [ ]  school board[ ] Betreuungsperson ASH [ ]  neighbors[ ] Legal representation [ ]  other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address |  |
| Phone / Mobile |  |
| e-Mail |  |

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| 1. **Information on literacy and language skills**
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| The pupil can read and write. [ ]  yes [ ]  noThe pupil can read and write the Latin letters. [ ]  yes [ ]  no |
| Native language |  |
| Other language skills (with indication of level, e.g. "good", "very good" or A1) |  |

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| 1. **Information on the knowledge of the German language**
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|  [ ]  The pupil has none or rudimentary knowledge of German. [ ]  The pupil has a basic knowledge of German (A1). [ ]  The pupil has an advanced knowledge of German (A2). |

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| 1. **Further information**
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| 1. **Signature of the person registering**
 |
| Place, Date: Signature: |

Please send this registration to manuela.holzer@bern.ch. Thank you!