

GERMAN SCHOOL ASSOCIATION OF GREATER ST. LOUIS

10073 Puttington Drive ♦ St. Louis, MO 63123 ♦ (314) 544-3990 ♦ Email: gsa_stlmo@yahoo.com ♦ www.germanstl.org/germanschool

REGISTRATION FORM FOR THE 2009 - 2010 SCHOOL YEAR

- 2009 SUMMER** (Adult classes only) Tuition: Adults \$120.00 (no books required)
- 2009/10 PRE-REGISTRATION** (received by June 1) Tuition: Adults \$265.00* / Children \$210.00*
- 2009/10 FALL** Tuition: Adults \$290.00* / Children \$235.00*

* (Textbooks additional for adults and children)

Please make your check payable to: **THE GERMAN SCHOOL ASSOCIATION (DO NOT SEND CASH)**

Send a completed registration form for **each** student along with your payment to:

Frank Hummel, Treasurer
German School Association
5564 Eagle's View Drive
House Springs, MO 63051

Name Of Student: _____

Home Address: _____ Zip: _____

Date Of Birth: ____/____/____ Phone:(____) ____ - ____ Fax:(____) ____ - ____

E-Mail Address: _____

Name of Emergency contact (Parent/Guardian for children): _____

Emergency Telephone (where parent/guardian can be reached during class time): (____) _____

Parents / Guardians / Adult Students:

Employer: _____ Title: _____

Employer: _____ Title: _____

How did you hear about the school? _____

This student is enrolling in the following class: (please consult Principal for recommendation)

ADULTS (Summer): Intermediate Advanced

ADULTS (Fall): Beginner I Beginner II Intermediate Advanced Advanced Conversation

CHILDREN: Beginner I Beginner II Intermediate Advanced Fluent German 1 Fluent German 2
(Ages 5-7) (Ages 8-10)

Classroom space is limited. Students are accepted in each class on a first-come first-served basis. The school reserves the right to cancel any classes as it deems necessary.

GOVERNMENT REQUIREMENT

To comply with 501(c)3 rules, the school must provide student ethnicity information. This student is:

- African-American Asian Hispanic
 American Indian Caucasian Other _____

FINANCIAL AID

Do you require financial aid? The German School Association has a grant fund and will consider requests for assistance. If you would like to apply, please complete the [grant application](#), found on the website, and follow the instructions for submission. Grants are not available for Summer classes.

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CHILD STUDENT INFORMATION

If the student is a child, so that we can provide the best possible instruction, the school needs to be aware of any special learning situations your child may have. If you reply YES to any of the questions below, please provide detail.

Does your child have any learning disabilities (ADD, ADHD, dyslexia, etc.)? Yes No

Does your child have any allergies or medical conditions (food allergies, diabetes, etc.)? Yes No

Is there anything else that would impact your child's ability to effectively participate in class, impact others in the class, or requires special/additional attention of the instructor? Yes No

Release and Indemnity Agreement (please read, complete, and sign below)

As a part of the consideration for my/my child's participation in the German School Association of Greater St. Louis, I hereby release, hold harmless, and forever discharge the German School Association of Greater St. Louis and Abiding Savior Lutheran School, their officers, directors, instructors, employees, and agents, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or my child or to any property belonging to me or my child while participating in such activity. I am aware of the risks and hazards associated with this activity, including travel to and from the activity, and I acknowledge that I am/my child is required to follow the school's code of conduct. I acknowledge that my/my child's participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and any property damage that may be sustained by me or my child as a result of such activity.

I hereby also give permission to the German School Association of Greater St. Louis to use my/my child's, photographic likeness, image, video, and any work produced by the enrolled student in any form of advertisement or informational material distributed by the German School Association of Greater St. Louis, without compensation.

Consent for Medical Treatment

By return of this form, I further agree to inform the German School Association of Greater St. Louis of any health or medical condition, or need that may affect my/my child's participation in this program. I agree to inform the German School Association of Greater St. Louis of any learning disabilities (ADD, ADHD, dyslexia, etc.) or medical information (food allergies, diabetes, etc.) that would impact my/my child's ability to effectively participate in class, impact others in the class, or require an instructor's special/additional attention, and acknowledge that I have been informed that my failure to do so may result in the dismissal of me/my child without tuition reimbursement.

In the event of illness or injury, I hereby also authorize the German School Association of Greater St. Louis, its officers, directors, instructors, employees, and agents, to obtain emergency or other medical treatment for me/my child as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the German School Association of Greater St. Louis to give specific consent to the diagnosis, treatment, or hospital care which, in the best judgment of a licensed physician, is deemed advisable.

This release and hold harmless agreement is binding on me, my child, my heirs, my assigns, and personal representatives.

By signing on the line designated for signature of parent or guardian below, I acknowledge that I am the parent or guardian of _____, that I am 18 years old or more, and that, if my child is under age 18,

I am signing this form to indicate that I am aware of its contents and the contents of the code of conduct.

Name of Participant: _____
(Please Print)

Signature of Participant: _____ Date: _____

Name of Parent or Guardian: _____ Phone #: _____
(Please Print)

Signature of Parent or Guardian: _____ Date: _____

Address: _____

City, State, Zip Code _____

The German School Association (Deutscher Schulverein) of Greater Saint Louis Missouri admits students of any race, color, national origin, 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 origin and ethnic origin in administration of its admission, educational, scholarship, loan and any other programs.