



Application for Student Admission

ENROLLMENT INFORMATION	
Applying for school year	
Potential start date (dd/mm/yyyy)	
Applying for School Section	Early Years (Kindergarten) Primary (Grade 1 - Grade 5) Secondary (Grade 6 - Grade 12)
Applying for Grade	
How did you hear about us?	

APPLICANT'S PERSONAL INFORMATION	Must be identical to passport!		
First Name			
Middle Name(s)			
Last Name(s)			
Preferred Name			
To which gender identity does the applicant most identify?	Male	Female	Gender Non-Conforming
Date of birth (dd/mm/yyyy)			

PARENT INFORMATION			
Parent 1 most closely identifies as:	Father	Mother	Other
First Name			
Last Name(s)			
Email address			
German mobile number			
Employer / Company			
Parent 2 most closely identifies as:	Father	Mother	Other
First Name			
Last Name(s)			
Email address			
German mobile number			
Employer / Company			
Parents marital status			
Applicant lives with	Parent 1 and Parent 2 Parent 1 only	Guardian(s) Parent 2 only	
Sole custody of applicant	Parent 1 has sole custody	Parent 2 has sole custody	
In case of guardianship / sole custody please provide documentation with this application.			

ADDRESS	
Address in Hannover area	
Phone number in Hannover area	
Address before arriving	
Phone number before arriving	



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GUARDIAN (IF APPLICABLE)	
Relation to student	
First Name	
Last Name(s)	
Address in Hannover area	
Email address	
German mobile number	

SIBLINGS OF APPLICANT		see last page if more space is needed			
Name	Date of birth (dd/mm/yyyy)	Gender	Grade	Enrolled at ISHR	
				yes	no
				yes	no
				yes	no

CENSUS INFORMATION	
Applicant nationality(ies)	
Applicant language(s)	
Applicant city of birth	
Applicant country of birth	

LANGUAGE PROFICIENCY				
English Ability How many years has the applicant been learning English?	None	Basic	Good	1st language
	Spoken English	_____	Written English	_____
German Ability How many years has the applicant been learning German?	None	Basic	Good	1st language
	Spoken German	_____	Written German	_____
Which languages are spoken at home?				
Parent 1 preferred language		_____		
Parent 2 preferred language		_____		

PREVIOUS EDUCATION		see last page if more space is needed	
Name / City of School/Kindergarten	Dates Attended	Grade(s) Attended	

LAST SCHOOL / KINDERGARTEN ATTENDED			
School			
Contact Person			
Postal Address			
Email		Telephone	

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LEGAL NOTICE

By submitting this form, Parents/Guardians confirm that:

- all information given in this document is complete and correct and that no pertinent information has been omitted;
- they give ISHR the permission to internally save and distribute the submitted data and, if needed, to share it externally with third parties processing data on behalf of ISHR. This consent may be revoked with future effect by sending an email to adminoffice@is-hr.de.
- they have read and agreed to the [data protection policy of ISHR](#) which can also be found on www.is-hr.de/admission/application.
- in case of joint custody, both parents comply with this application.

Date:

Use the space below to add any additional information as needed



Consent to release of Confidentiality/Disclosure of Personal Data

Dear Parents & Guardians,

Safeguarding and Child Protection is a top priority at our school. In order for our Safeguarding team to do their job diligently to protect and support your child/children in the best possible way, we need your cooperation and consent to the disclosure of your child/children's personal data.

First name and surname of the student:

Birth date:

Address:

I hereby consent to the transferral of personal data for Child Safeguarding purposes as well as school social work at the International School Hannover Region and I agree that the necessary data may have to be obtained from the previous school.

I hereby consent to the release of personal data for safeguarding purposes to the following personnel:
the school administration
the Safeguarding and Child Protection Team
the educational psychologist
the school counsellors
the teachers who teach the above-mentioned students

regarding the following purpose:
child protection
emotional and social health
and hereby release them from an existing duty of confidentiality.

This consent is voluntary and can be revoked at any time in the future.
If you have any questions, please contact **Astrid Scharf** (astrid-scharf@is-hr.de) Designated Safeguarding Lead or **Julian Parkin Haig** (julian-parkin-haig@is-hr.de) Deputy Designated Safeguarding Lead.

Date:

Signature of parents/guardians:

Signature of the student: (16 years and older)



Einwilligung zur Entbindung der Schweigepflicht/Weitergabe von personenbezogenen Daten

Sehr geehrte Eltern, sehr geehrte Sorgeberechtigte,

Kinderschutz - und Sicherheit haben oberste Priorität an unserer Schule. Damit unser Kinderschutzteam seine Aufgaben geflissentlich erfüllen und ihr Kind/ ihre Kinder bestmöglich unterstützen kann, benötigen wir ihre Zusammenarbeit und Einverständnis zur Weitergaben der personenbezogenen Daten ihres Kindes/ ihrer Kinder

Vorname und Name der Schülerin/ Schüler:

Geburtsdatum:

Anschrift:

Hiermit willige ich an die Übermittlung von personenbezogenen Daten zum Zwecke der Aufgabenerfüllung der Kinder-und Jugendsicherheit - und Schutzes sowie der Schulsozialarbeit an der International School Hannover Region ein und erkläre mich einverstanden, dass dazu notwendige Daten ggfs. aus der vorherigen Schule eingeholt werden müssen.

Hiermit willige ich in die Übermittlung von personenbezogenen Daten zum Zwecke der Aufgabenerfüllung des Kinderschutzes an der Schule an

- die Schulleitung
- das Kinderschutzteam (Safeguarding and Child Protection Team)
- die pädagogische Psychologin (Educational Psychologist)
- die Schulsozialarbeiterinnen
- die Lehrkräfte, die o.g. Schüler unterrichten

hinsichtlich folgender Punkte

- Kinderschutz
- emotionale und soziale Gesundheit

ein und entbinde diese insoweit von einer bestehenden Schweigepflicht.

Diese Einwilligung ist freiwillig und kann jederzeit für die Zukunft widerrufen werden.

Bei Fragen kontaktieren Sie bitte **Astrid Scharf** (astrid-scharf@is-hr.de) Designated Safeguarding Lead oder **Julian Parkin Haig** (julian-parkin-haig@is-hr.de) Deputy Designated Safeguarding Lead.

Datum:

Unterschrift der Eltern/ der Sorgeberechtigten:

Unterschrift der Schülerin bzw. des Schülers: (mit Vollendung des 16. Lebensjahres)