Region of the future
District of
Darmstadt-Dieburg

APPLICATION FOR ADMISSION

TO THE INTERNATIONAL KINDERGARTEN/PRESCHOOL IN SCHULDORF BERGSTRASSE
64342 SEEHEIM-JUGENHEIM
Sandstrasse

I/We apply for admission of my/our

daughter/son _____
(name, first name)

date of birth: _____

nationality _____ confession _____

resident of: _____
(street/number/place)

to the International Kindergarten/Preschool as of _____

Personal details	**Father**	**Mother**
Name (and name at birth)		
First name		
Date of birth		
Address: street / place		
Mother tongue:		
Language(s) currently spoken at home/in the family:		
Marital status		
Profession		
Employer		
Employer's address		
Phone: private/business		
Nationality		

- I/We have received and read the information leaflet.
- Please state any important reasons why your child should be admitted to our International Kindergarten/Preschool

(use a separate sheet if required)

- Attendance of the "International School" in Schuldorf Bergstrasse, Seeheim-Jugenheim, is subject to an entrance examination for children attending kindergarten.
- We agree to pay the amount of **650.00 €** per month in advance no later than on the 3rd working day of each month either by bank transfer to the Kreiskasse *[district treasury]* of the district of Darmstadt-Dieburg, account no. 549 096, sort code 508 501 50, Sparkasse Darmstadt, reference "Internationaler Kindergarten/Preschool", or by withdrawal based on the enclosed direct debit mandate.

Name:	**International Kindergarten/Preschool**
Reference: IKG parents' contribution, client number:	

_____ _____ ,
(Place) (Date)

_____
(Parent(s) or legal guardian(s))

District of Darmstadt-Dieburg
- School service -

Jägertorstrasse 207
64289 Darmstadt

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DIRECT DEBIT MANDATE

I/We hereby grant the revocable authorization to withdraw the monthly payments in the amount of 650.00 € to be made by me/us for the International Kindergarten/Preschool from my/our banking account mentioned below by direct debit as soon as they become due.

The bank keeping the account (see below) shall not be obliged to make payments if my/our account lacks sufficient funds.

No partial payments will be made under the direct debiting system.

_____
Name, first name of **account holder**

_____
Address of **account holder**

_____
Name of bank

_____	_____
Sort code	Account number
_____	_____
Date	Signature of account holder

Please fill out **completely, sign** and return the form to us or send by fax to the number **06151-8814245**.