Intraschool Transfer Form

All transfer requests must be completed by 1 April to be considered for the school year that begins the following August.

Application for Grade* _______________ beginning ____________ Month / Year

Student Data

Full Name _________________________________________________________________________

Last            First               Middle        Preferred name if applicable

Date of Birth ________________  Gender:  ○ M  ○ F  Nationality:___________________

Day / Month / Year               (List all if more than one)

Do you wish your child to use FIS bus transportation?  ○ Yes    ○ No

Parent Data

Father/Guardian  |  Mother/Guardian

First Name  ________________________________________    _____________________________________

Last Name  ________________________________________    _____________________________________

Nationality  ________________________________________    _____________________________________

First Language  ________________________________________    _____________________________________

Second Language ________________________________________    _____________________________________

Employer  ________________________________________    _____________________________________

Position   ________________________________________    _____________________________________

Employer Address ________________________________________    _____________________________________

________________________________________    _____________________________________

________________________________________    _____________________________________

Business Phone ________________________________________    _____________________________________

FIS Alumni  ○ Yes    ○ No  ○ Yes    ○ No

Please return application to: FIS · An der Waldlust 15 · 61440 Oberursel Germany

t: +49 (0) 6171/2024-0 · f: +49 (0) 6171/2024-488

admissions@fis.edu · www.fis.edu
Languages, Special Abilities and Needs

Does your child currently receive remedial/learning support?  ○ Yes  ○ No

Does your child currently receive ESL support?  ○ Yes  ○ No

Has your child been advanced or retained at any grade level?  ○ Yes  ○ No

Sibling Information

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<tr>
<th>Brothers and Sisters of Applicant</th>
<th>Gender</th>
<th>Age</th>
<th>Grade</th>
<th>Current School</th>
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Comments

Please feel free to provide any additional information about this applicant that may be helpful to the admissions office, such as special interests, hobbies, personality, etc.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Address

Street ________________________________

City/Country ________________________________

Zip/Postal Code ________________________________

Home Phone ________________________________

Father’s Mobile ________________________________

Mother’s Mobile ________________________________

E-mail ________________________________

Parent(s) Signature ________________________________ FISW Principal Signature (if leaving FISW) ________________________________

Receiving Principal Signature ________________________________ FIS Principal Signature (if leaving FIS) ________________________________