## **Student Transfer Form**



Application for Grade Campus		beginr	beginning		
				h / Year	Attach Picture
On current campus since	 Month / Year				
Student Data					
Full Name	First	Middle		Preferred name if applice	able
Date of Birth	Gender:	Natio	nality:		
Date of Birth Gender:				(List all if more than one)	
Languages, Speci	ial Abilities and N	Needs			
Does your child currently	ing support?	∘ Yes	o No		
Does your child currently receive ELA support?			○ Yes	∘ No	
Has your child been advanced or retained at any grade level?			∘ Yes	o No	
Do you wish your child to	o use FIS bus transporta	ition?	o Yes	o No	
Address					
Street					
City/Country					
Zip/Postal Code					
Home Phone					
Comments					
Briefly state the reason for	or this transfer request.				

## **Sibling Information**

Brothers and Sister	rs of Applicant	Gender	Age	Grade	Current School
Parent Data					
	Parent O Mo	ther $\bigcirc$ Father	○ Other	Parent	: ○ Mother ○ Father ○ Other
First Name					
Last Name					
Nationality					
First Language					
Second Language					
Employer					
Position					
Employer Address					
Business Phone					
Mobile number					
E-mail					
FIS Alumni	∘ Yes	○ <b>No</b>		∘ <b>Y</b> e	s o No
Parent(s) Signature				FISW	Principal Signature (if leaving FISW)

**Please return application to:** FIS  $\cdot$  An der Waldlust 15  $\cdot$  61440 Oberursel Germany

FIS Principal Signature (if leaving FIS)

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