

PERSONALBOGEN

Datum: _____

NAME (des Schülers):

INFORMATION ÜBER DIE ELTERN:

<u>VATER</u>					<u>MUTTER</u>						
FAMILIENSTAND: <input type="checkbox"/> verheiratet <input type="checkbox"/> geschieden					FAMILIENSTAND: <input type="checkbox"/> verheiratet <input type="checkbox"/> geschieden						
<input type="checkbox"/> leben getrennt <input type="checkbox"/> alleinstehend <input type="checkbox"/> verstorben					<input type="checkbox"/> leben getrennt <input type="checkbox"/> alleinstehend <input type="checkbox"/> verstorben						
NACHNAME:					NACHNAME:						
VORNAMEN:					VORNAMEN:						
PERSONALAUSWEIS (ID) NR.					PERSONALAUSWEIS (ID) NR.						
REISEPASS NR.					REISEPASS NR.						
STAATSANGEHÖRIGKEIT:		1.	2.	3.	4.	STAATSANGEHÖRIGKEIT:		1.	2.	3.	4.
BERUF					BERUF						
ARBEITGEBER					ARBEITGEBER						
TEL. (ARBEIT)					TEL. (ARBEIT)						
FAX NR. (ARBEIT)					FAX NR. (ARBEIT)						
E-MAIL NR. (ARBEIT)					E-MAIL NR. (ARBEIT)						
<u>WOHNANSCHRIFT</u>					<u>WOHNANSCHRIFT</u>						
STRASSE					STRASSE						
STADT(TEIL) / POSTLEITZAHL					STADT(TEIL) / POSTLEITZAHL						
TEL. PRIVAT					TEL. PRIVAT						
CELL NR.					CELL NR.						
FAX NR. PRIV.					FAX NR. PRIV.						
E-MAIL NR.					E-MAIL NR.						
<u>POSTANSCHRIFT</u>					<u>POSTANSCHRIFT</u>						
P.O. BOX					P.O. BOX						
STADT(TEIL) / POSTLEITZAHL					STADT(TEIL) / POSTLEITZAHL						

INFORMATION ÜBER SCHÜLER:

	<u>KIND 1</u>				<u>KIND 2</u>				<u>KIND 3</u>				<u>KIND 4</u>			
NACHNAME																
VORNAME																
M(ÄNNLICH)/W(EIBLICH) H)																
KLASSE																
DAVON SIND AN DER DSJ	ρ				ρ				ρ				ρ			
TEL. (ZU HAUSE)																
GEBURTSDATUM																
HAUSSPRACHE	1.	2.			1.	2.			1.	2.			1.	2.		
STAATSANGEHÖRIGKEIT	1.	2.	3.	4.	1.	2.	3.	4.	1.	2.	3.	4.	1.	2.	3.	4.
T																

KONTAKTPERSON:

NAME:

VERWANDTSCHAFT:

TEL. (PRIVAT):

TEL. (ARBEIT):

TEL. (CELL):

NAME(S) OF PARENT(S) OR GUARDIANS:

ADDRESS:

TELEPHONE NUMBERS: (H).....

(W) (Mother).....

(W) (Father).....

(cell phone).....

MY CHILD HAS THE FOLLOWING MEDICAL CONDITION, ALLERGIES, ETC:

.....
.....

Please make sure that all appropriate medication is brought on the trip and that your child is informed about dosage, precautions, side effects, etc.

DO YOU BELONG TO ANY MEDICAL AID FUND? Yes No

Complete if applicable:

Name of Fund:

Medical aid number:

Principal member of the fund:

COMPLETE ONLY IF YOUR CHILD IS **NOT ON A MEDICAL AID**

The teachers must know whether they can take your child to a private hospital or a state hospital. Please choose one of these options by ticking the appropriate box and filling in the appropriate information :

I hereby state that my child should be taken to a private hospital (if possible an if time allows, which I realise in an emergency may not be the case), should need for hospitalisation occur. I hereby undertake to pay the hospital charges in full directly after the trip (25 - 29 May).

I hereby state that, in case my child needs to be hospitalised, he/she be taken to a state hospital.

I hereby appoint - 'in loco parentis' the teachers an officers in charge in the event of an emergency and medical treatment and/or surgery is deemed necessary.

As far as I know, my child is in good health.

Signed :

Date :