



LANDHEIM AMMERSEE

Internatsschulen seit 1905

Registration for Admission to Landheim Ammersee

- The **Ernst-Reisinger-Gymnasium**
(Grammar school curriculum with a focus on the study of language, economics and social sciences)
- The **Julius-Lohmann-Gymnasium**
(Alternative grammar school curriculum with a focus on the study of economics and social sciences)
- The **Julie Kerschensteiner Primary School**

Proposed date of entry: _____ Boarding Day

Proposed year group at entry: _____ Academic year of entry: _____

Your Child

First names and surname: _____

Date of birth: _____ Place of birth: _____

Religious denomination: _____ Nationality: _____

Present school (including the type of school and address): _____

Year group: _____

Your Child's Previous School Experience:

Year group in which your child commenced foreign language study: _____

Has your child ever had to resit a school year? If so, which? _____

Personal interests/hobbies: _____

Particular skills or achievements (e.g. theatre, school newspaper, lifeguard training): _____

Musical instrument(s): _____ Number of years playing: _____



Family Details

Siblings (name and age):

Legal Guardian:

Mother

Father

Mother's Details

Father's Details

Surname, first names:

Address:

Home telephone number:

Mobile number:

Fax, email:

Occupation:

Your Child's Thoughts

How would your parents describe you? Please provide three characteristics.

How would your best friend describe you? Please provide three characteristics.

If you were able to add an additional character trait to your own personality, what would it be?



In which school subjects do you perform particularly well?

In your opinion, what makes a good teacher?

In which school subject do you require the most support?

Why are you interested in Landheim Ammersee?

What can we do better than your previous school?

What is your favourite way to spend your free time?

Would you like to tell us anything else?



Parents' Comments

In your view, in what ways would your child benefit from a Landheim education?

What is your greatest concern with regard to your child?

Please provide details of any ongoing medical condition, health problem or previous illness relating to your child.

Please provide details of any learning difficulty, disability or special educational need relating to your child.

Dyslexia Yes No

ADHD Yes No

Dyscalculia Yes No

Gifted and talented Yes No

Has your child ever received treatment for such a condition? Yes No

Has your child ever received an assessment by a medical professional or educational psychologist? Yes No

If so, please provide the name and address of the professional. _____

Does your child take any regular medication? Yes No

If so, please state the name and for how long he/she has been taking it. _____

Food intolerances/allergies _____

Has your child ever taken drugs? Yes No

Does your child smoke? Yes No



Please indicate how you first heard about Landheim Ammersee:

- | | |
|--|--|
| <input type="checkbox"/> Agency recommendation | <input type="checkbox"/> School website |
| <input type="checkbox"/> Internet search | <input type="checkbox"/> Advertisement/press |
| <input type="checkbox"/> Other | |

Attachments

- CV
- Photo
- Copies of your child's school reports from the last three academic years
- Other: _____

I agree that all the information detailed in this form may be shared with the appropriate members of school staff.

Date & Signatures of Parents/Legal Guardians

