

Data sheet Preparation Course
SCHOOL YEAR 2025/2026 – SEMESTER ☐ 1 ☐ 2

Data of the student: *Please fill in in BLOCK CAPITALS*

Surname:

Name:

Date of birth:

Citizenship:

Phone number:

E-Mail adress:

Health insurance number:

Adress:

.....

(Public) School: Class:

.....

Data of the guardian:

Surname: Name:

Adress:

.....

Date of birth: Citizenship:

Phone number: E-Mail address:

.....

Date

Signature of the legal guardian(s)

