

Date of receipt

APPLICATION



School year 20 __ / __ - __

for the vocational preparation year at the

Carl-Benz-Schule
Berufsbildende Schule Technik
Beatusstr. 143 - 147
56073 Koblenz
Tel.: 0261/9118-322

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Information about the applicant:

Family name: _____ First name: _____

Date of birth: _____ Place of birth: _____

Street: _____ Postal code/City: _____

Phone number: _____ E-Mail: _____

male female other Religion _____ no religion

Nationality: _____ Entry to primary school in the year _____

Applies only to students of non-German origin

In Germany since: _____ Family language: _____

Currently attending school (Name, City) _____

Dismissal takes place on _____ / - took place on _____ from grade _____

A copy of the last school report is attached.

Information about the custodian(s) of minors

Mother Father Other

Family name _____ Family name _____

First name _____ First name _____

Street _____ Street _____

Postal code/City _____ Postal code/City _____

Phone number _____ Phone number _____

E-Mail _____ E-Mail _____

City _____ Date _____

Signature of the applicant

Signature of the custodian in the case of minors