

School enrolment

The fields marked with an asterisk * are mandatory (at least 1 phone number / e-mail address)

Family name*			
Given name*			
Date of birth*		Sex*	
OASI number (AHV-Nr.)*			
Current address*			
Nationality*			
Native language*			
Siblings (given name, year of birth)			
New address*			
Moving in date*			
Father (full name)*			
OASI number (AHV-Nr.)*			
Legal guardian*	<input type="checkbox"/> yes <input type="checkbox"/> no		
Same address as the child?*	<input type="checkbox"/> yes <input type="checkbox"/> no ¹		
¹ other address			
Phone number(*)		<input type="checkbox"/> emergency number	
E-Mail address(*)			
Mother (full name)*			
OASI number (AHV-Nr.)*			
Legal guardian*	<input type="checkbox"/> yes <input type="checkbox"/> no		
Same address as the child?*	<input type="checkbox"/> yes <input type="checkbox"/> no ²		
² other address			
Phone number(*)		<input type="checkbox"/> emergency number	
E-Mail address(*)			
Remarks (important information such as name/place of the former school and teacher, GASL german as second language, psychological service, speech or psychomotor therapy, etc.)			
Zuweisung (durch die Schulen Malters auszufüllen)			
Schulhaus / Klasse / KLP			
Schulbeginn			
Bemerkungen			