



**German International School of Austin**  
**Application - 2024 /2025**

Please Note:

- To reserve a spot at the school, [a non-refundable deposit of \\$150 must be submitted for each school year with the application online](#) or to the main office at GTHS (applicable towards first tuition payment)
  - The first tuition payment will be due by the 5th of the month that the child begins attending school and is determined by the number of days remaining in the month (please see student handbook for more details)
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**Child's Biographical Information:**

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

Child's Birthdate \_\_\_\_\_

Place of Birth (City/State or Country) \_\_\_\_\_

Gender \_\_\_\_\_

Street \_\_\_\_\_

Apartment \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

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# Caregiver's Information:

Parent 1 Name \_\_\_\_\_

Parent 1 Phone \_\_\_\_\_

Parent 1 Email \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Parent 2 Phone \_\_\_\_\_

Parent 2 Email \_\_\_\_\_

Which parent(s) should be included in school communication? \_\_\_\_\_

Which parent should be the first contact? \_\_\_\_\_

# Emergency Contact:

In the event of an emergency, if the parent(s) named above cannot be contacted, who should we contact?

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

# Authorization for release of child:

*I give the German International School of Texas at Austin permission to release my child to the following adults with picture identification:*

Authorized Adult 1 Name: \_\_\_\_\_

Authorized Adult 1 Phone: \_\_\_\_\_

Authorized Adult 2 Name: \_\_\_\_\_

Authorized Adult 2 Phone: \_\_\_\_\_

Authorized Adult 3 Name: \_\_\_\_\_

Authorized Adult 3 Phone: \_\_\_\_\_

Authorized Adult 4 Name: \_\_\_\_\_

Authorized Adult 4 Phone: \_\_\_\_\_

\_\_\_\_\_

# Pediatrician Information:

Doctor Name \_\_\_\_\_

Doctor Phone Number \_\_\_\_\_

Doctor Address \_\_\_\_\_

# Schooling Options:

Circle Requested Days for before and/or after care: *(subject to availability, see handbook for pricing options)*

[Before-School Care: 7:30 AM - 9:00 AM] **Mo / Tu / We / Th / Fr**

[After-School Care: 2:00 PM - 4:30 PM] **Mo / Tu / We / Th / Fr**

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On what date would you most prefer your child to begin at the school?

Date: \_\_\_\_\_

# Enrollment Agreement:

I am planning to enroll my child in the GTHS German International School of Texas at Austin starting on the preferred start date indicated above. My spot will not be reserved until I have arranged payment for the enrollment deposit (\$150) with the office. I understand that applying to the school does not guarantee my child's acceptance.

X \_\_\_\_\_ (sign your name)

## Handbook Agreement

I have reviewed the 2024/2025 School Handbook [version June 2024] thoroughly, and I agree to abide by rules and policies therein.

X \_\_\_\_\_ (sign your name) \_\_\_\_\_ (date)

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## Emergency Authorization Form

I authorize the faculty and staff of the German-Texan Heritage Society to obtain emergency medical care and to transport the child for emergency medical treatment.

X \_\_\_\_\_ (sign your name) \_\_\_\_\_ (date)

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## Snack and Meal Policy

I understand the school's Snack and Meal Policy. I am choosing to provide all meals and snacks for my child from home, and understand that it is not the school's responsibility to ensure the nutritional value of snacks and meals provided by parents, or that meals and snacks meet the child's daily food needs.

X \_\_\_\_\_ (sign your name) \_\_\_\_\_ (date)

## Other School Policies:

Please initial the following if you agree

In the event that students will be participating in a field trip, I will be notified by the German International School of Austin at least 48 hours before the trip. I agree to allow my children participate in such a field trip if I give my written consent after being provided the details of the trip.	
During warmer weather, children may participate in sprinkler and splash play at the school. I will be provided a schedule for such activities, and agree to allow my child to participate.	
I understand, accept, and agree that there is a risk of injury when young children engage in physical activities such as running, jumping, climbing, dancing, eating, and playing; even under competent adult supervision.	
I grant GTHS permission to take photos or video of my child for the sole purpose of advertising for the school.	
I agree that I will not hold GTHS or any faculty member, or employee of the same, liable for any injuries sustained or illness contracted by me or my child while he/she is a student of the German International School of Austin.	
My child is able to use the toilet.	

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**Student Survey (This section required for new students only / optional for returning students):**

Please list any other language/s spoken in your family, and by whom:

Please list any pertinent medical information or special needs for your child. This includes, but is not limited to, allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed for continuous, long-term use.

Please list the names and ages of siblings/other children in your family:

Please list your child's previous school or class/group experience (if any):

Please tell us about what your child likes (to do) or is interested in:

Please tell us what you consider to be your child's strengths:

Please tell us about any areas you feel your child might need support and/or encouragement:

Please tell us about important rules and problem-solving techniques in your family:

Please add any other information that you feel is important and/or helpful for the teachers to know about your child:

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# Enrollment Checklist

The following must be completed before attending the first day of school:

	2024/2025 Application
	\$150 Application deposit (or first month's tuition)
	Enrollment Agreements Signed (including statement agreeing to the Parent Handbook)
	Food Allergy Emergency Plan, with written approval from a professional medical provider (or N/A)
	Statement of Good Health from Health-Care Professional
	<p>Immunization Records <a href="https://immunizetexas.com">immunizetexas.com</a></p> <ul style="list-style-type: none"><li>● official immunization record (from state of local health authority)<ul style="list-style-type: none"><li>○ must include:<ul style="list-style-type: none"><li>■ name and date of birth</li><li>■ type of vaccine and number of doses and month, day, and year the child received each vaccination</li></ul></li><li>or</li></ul></li><li>● Official immunization record or photocopy. Ex, from a doctor's office or a pharmacy.<ul style="list-style-type: none"><li>○ must include:<ul style="list-style-type: none"><li>■ name and date of birth</li><li>■ type of vaccine and number of doses and month, day, and year the child received each vaccination</li><li>■ signature including rubber stamp or electronic signature of a healthcare professional who administered the vaccine</li><li>■ Clinic contact information, if the immunization record is generated from an electronic health record system</li></ul></li></ul></li></ul> <p>Preschool Vaccination Requirements: <a href="https://www.dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/pdf_stock/6-15.pdf">https://www.dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/pdf_stock/6-15.pdf</a></p> <p>Kindergarten-12th Grade Vaccination Requirements: <a href="https://www.dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/pdf_stock/6-14.pdf">https://www.dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/pdf_stock/6-14.pdf</a></p>
	Vision and hearing screening (4 years old and over) or N/A
	Copy of any health-care professional recommendations or orders for providing specialized medical assistance to the child (or N/A)
	First tuition payment