Waiting List Placement



Child's details		
Child's surname	Child's first name(s)	Gender: □ male □ female
Date of birth	Place of birth	Religious Denomination
Current school/crèche		since
Nationality	Language(s) spoken	
I would like to add my child's name	☐ Kindergarten for entry in 20 (year)	
to the waiting list for:	☐ Primary School for entry in 20 (year) into class	
NB: For admission into Kindergarten, children have to be 4 years old by 31 st May of the year of proposed entry.	☐ Secondary School for entry in 20) (year) into class
Class type	☐ German as a Foreign Language (DF) ☐ German as Mother Tongue (DM)	
	☐ German as a new language (DN)	
Please give information as to your characteristics academic tuition as provided by the s	_	ht affect pastoral care or
Sisters/brothers in St. Kilian's	Name(s)	Class



Father's contact details			
Name	Address		
Email			
Telephone numbers:	Home:	Mobile:	
Mother's contact details			
Name	Address		
Email			
Telephone numbers:	Home:	Mobile:	
Further comments or information:			
How did you hear about St. Kilian's	☐ Word of mouth		
German School?	□ Website		
	□ Other (please specify):		
Parent/Guardian signature	Date		
A non-refundable waiting list fee of € 90 is required to place your child on the waiting list. This fee can be paid on our school website www.kilians.com through the Easy Payments Plus system.			