

Registration

☐ Kindergarten					
\square Primary School (up to Grad	e 4)				
☐ Orientation Level (Grade 5)					
☐ Lower Secondary School (H	auptschule)				
☐ Intermediate Secondary Scl	☐ Intermediate Secondary School (Realschule)				
☐ Grammar School (Gymnasiu	ım)				
Desired entry date:					
1. Child's Information					
Family Name:(as in passport)					
First Name(s):		Preferred	Name:		
(as in passport)					
Male □ Female □					
Date of Birth:	_ Place/Country	of Birth:			
All nationality(ies):		Religion: _			
Malaysian citizenship?	□ Yes □	□No			
Residence in Malaysia since: _					
Address in Malaysia:					
E-mail:	Phone	e:	Mobile:		



Mother tongue:		Family l	anguage:		
Other languages:					
Chronic illnesses / allergie	s:				
Regular medication requir	ed:	□ Yes	□ No		
If yes, please specify:					<u> </u>
Dyslexia*	☐ Yes	□No			
AD(H)D*	☐ Yes	□ No			
Speech delay*	☐ Yes	□ No			
Developmental delay*	☐ Yes	□ No			
*Please attach a copy of tl	he report.				
Other special needs (e.g.,	motor, occupat	ional therapy	, speech thera	ру):	
2. Previous Kindergarten	Attendance				
Has your child attended a	nursery?	☐ Yes	□ No		
If yes, name of institution:	;				
Has your child attended ki	ndergarten?		☐ Yes	□No	
If yes, name of institution:	:				
From	to				
Language: ☐ German ☐ E	nglish 🗆 Other:	:			
3. School Attendance Info	rmation				
Registration for Grade:	Current	Grade:			



Current School:			
State / Region:	School Type:		
Expected duration at DSKL:			
4. School History:			
First enrollment date:			
□ Regular enrollment□ Special enrollment request□ Deferral **Please justify:			
Transition from Primary School after C	Grade 4, recommendation / ful	filled requirements fo	or:
☐ Lower Secondary (Hauptschule) ☐ Int	termediate Secondary (Realschul	le) 🗆 Grammar Schoo	ol (Gymnasium)
Transition from Orientation Level (Grarecommendation / fulfilled requirement		after Grade 5 or 6,	
☐ Lower Secondary (Hauptschule) ☐ Int	termediate Secondary (Realschul	le) 🗆 Grammar Schoo	ol (Gymnasium)
Transition from Comprehensive School	ol after Grades 5–10, leaving re	commendation for:	
☐ Lower Secondary (Hauptschule) ☐ Int	termediate Secondary (Realschul	le) 🗆 Grammar Schoo	ol (Gymnasium)
Name of the School	Country/State	From/to	Grade



Foreign Languages:				
1st Foreign Language:	Since Grade:			
2nd Foreign Language:	Since Grade:			
3rd Foreign Language:	Since Grade:			
For school changes in secondary lev	vel:			
The last school attended uses the:				
☐ G9 system (13-year system)	☐ G8 system (12-year system)			
5. E-Mail Correspondence Address for the Communication with DSKL				
Mother / Guardian	, please provide information under section 7. mother, a written custody document must be attached.			
Name, First Name:				
Custody: ☐ Sole ☐ Join	nt			
Nationality(ies): German is not the mother tongue, d	Mother tongue: If does she have German language skills? ☐ Yes ☐ No			
Occupation:				
Company (Name, Address, Tel., E-m	ail):			
	Private Mobile:			



Father / Guardian

If the guardian is not the biological father, a written custody document must be attached.

Name, First Name:			
Custody: ☐ Sole	□ Joint		
Nationality(ies):		Mother tongue:	If
Occupation:	_	e have German language skills? ☐ Yes ☐ No	
Private E-mail:		Private Mobile:	
Other Guardian			
Name, First Name:			
Custody: □ Sole	□ Joint		
Nationality(ies):		Mother tongue:	
If German is not the mo	other tongue, are G	German skills present? ☐ Yes ☐ No	
Occupation:			
Company (Name, Addr	ess, Tel., E-mail): _		
Private E-mail:		Private Mobile:	



7. Emergency Contact in Ma	alaysia		
Name, First Name:		Language:	
Private Phone:	Mobile:		
8. Additional Contact Perso	n		
Name, First Name:			
Relationship to child (e.g., a	unt):		
Private Address:			
Private Phone:	Mobile:		
9. Persons Authorized to Pic	ck Up Your Child / Children		
	Relationship:		
	Relationship:		
Name:	Relationship:	Phone	
10. Additional Information	About Your Child		
11. Emergency Information			
Which hospital should your	child be taken to in an emerger	ncy?	
Child's blood type (if known):		
Vaccinations* according to	vaccination card: ☐ Yes [□ No	

*Please note that all DSKL students are required to have Tetanus and Measles vaccinations.



Paracetamol, Ibi	uprofen / Antihistamines may be administered in emergencies (e.g., school trips):
□ Yes □	l No
Risk factors (e.g.	, medication intolerance, diabetes, allergies, etc.):
12. Payment Inf	ormation
Payment Type	
☐ Private Payer	
☐ Company Pay	er
Payment Option	S
☐ Annually	
☐ Semi-Annuall	y
☐ Quarterly	



Consent Declaration:

- I agree that my child may be taken to the nearest hospital in an emergency accompanied by a teacher in a private car or taxi.
- I entrust the treating physician with full discretion regarding any necessary treatments, such as administering medication, injections, vaccinations.
- I commit to providing the current copy of my child's visa.
- I acknowledge the payment terms and internal regulations of the German School, as well as the statutes of the German School Association Kuala Lumpur, particularly that the non-refundable enrollment fee is payable immediately upon registration.
- I consent to my child participating in all domestic school trips, excursions, and activities.
- I understand that beyond accident and liability insurance, the school does not assume
 responsibility or liability, and that insurance coverage through the school's accident insurance
 also applies during trips. The maximum coverage is 5,000 Euros. Any additional coverage must be
 arranged by the parents. We have also been informed that the Allianz accident insurance is
 secondary, meaning any other existing accident insurance (statutory or private) takes
 precedence in the event of a claim.
- Liability insurance covers the loss or damage of personal property. The school or the leader of any activity is not liable for accidents, injuries, or illnesses.
- I confirm that our family has adequate health and liability insurance coverage.
- I agree to the publication of my address and phone number within the school community.
- I consent that class photos and photos of DSKL activities featuring my child may be published online or in publications (e.g., website, social media, yearbook, or publications of supporting institutions such as ZfA, BVA).
- I wish the following WhatsApp number to be shared with the class parent representative for inclusion in the class chat:

Name:	WhatsApp Number:	
Name.	whatsApp Number.	



Required Attachments

Place / Date	Signature of Parent(s) / Guardian(s)
Only after complete submission of the above-list Otherwise, the application cannot be processed.	ed documents can the child be considered for a place
Parents are responsible for the completeness of	the registration documents.
☐ Digital passport photo	
☐ Proof of liability insurance	
☐ Copy of vaccination record	
\square If applicable, custody documentation (if one o	r both guardians are not biological parents)
☐ For students intending to take the German sch when a foreign language was started or complete	nool-leaving exam: proof (report cards) for the year ed
☐ School history recommendation (see section 3	
☐ For school transfers during the year: transfer of	certificate from previous school
☐ Current report cards including promotion cert	ificates
☐ Copy of parents' passports	
\square Copy of student passport and visa (visa copies	to be provided after enrollment)
\square Completed membership application form for t	the school association (DSM)