

Kommunales Integrationszentrum Kreis Unna [Municipal Integration Centre of the District of Unna]

(EN) GoIN Pupil Record Sheet for School Form Recommendation

Surname:		Forename:		
Address:				
Date of birth:		Place of birth:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Family language:		
Nationality:		Religion:		
Date of arrival:		in Germany:		
at current address:				
Legal status:	<input type="checkbox"/> EU	<input type="checkbox"/> Other foreign country	<input type="checkbox"/> Asylum applicant	<input type="checkbox"/> Entitled to asylum
<input type="checkbox"/> Refugee	<input type="checkbox"/> Unaccompanied minor refugee	<input type="checkbox"/> To be confirmed	<input type="checkbox"/> Family reunification	<input type="checkbox"/> Ethnic German repatriate
Legal guardian: <i>(Surname, Name)</i>				
Father:		Mother:		
Telephone:				
Other legal guardian: <i>(Surname, Name, Telephone Number)</i>				
Other persons it may be helpful to contact: <i>(Surname, Name, Telephone Number)</i>				
Number of siblings:		Of school age:		

School career

First school enrolment in country of origin:		<input type="checkbox"/> Own statements		<input type="checkbox"/> Proved	
Current year of obligatory education Continuously/Interrupted/Illiterate			School attendance:		
Schools attended:					
Year of schooling	School years/grades/forms attended	School	School year	School years/grades/forms attended	School
School reports available		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Application for accreditation of school leaving certificate from country of origin to be made:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special features, school career etc.:					
Immigration background:					
Lessons in German can:			<input type="checkbox"/> Probably be understood	<input type="checkbox"/> Probably be understood with difficulty	<input type="checkbox"/> Probably not be understood
Knowledge of Latin alphabet:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Partial
Other language skills:					
Appointment with Gesundheitsamt [Public Health Department]: <input type="checkbox"/> Yes <input type="checkbox"/> No			Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Health conditions:	

Recommendation for form of schooling

The following school form is appropriate for the pupil:

GS	SekS	HS	RS	GY	GE	BK	School year/grade/form
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Advised by: KI	Date:
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