



# LANDHEIM AMMERSEE

Internatsschulen seit 1905

## Registration for Admission to Landheim Ammersee

The **Ernst-Reisinger-Gymnasium**  
(Grammar school curriculum with a focus on the study of language, economics and social sciences)

The **Julius-Lohmann-Gymnasium**  
(Alternative grammar school curriculum with a focus on the study of economics and social sciences)

Proposed date of entry: \_\_\_\_\_  Boarding  Day

Proposed year group at entry: \_\_\_\_\_ Academic year of entry: \_\_\_\_\_

### Your Child

First names and surname: \_\_\_\_\_ Sex:  m  f  d

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Religious denomination: \_\_\_\_\_ Nationality: \_\_\_\_\_

Present school (including the type of school and address): \_\_\_\_\_

Year group: \_\_\_\_\_

### Your Child's Previous School Experience:

Year group in which your child commenced foreign language study: \_\_\_\_\_

Has your child ever had to resit a school year? If so, which? \_\_\_\_\_

Personal interests/hobbies: \_\_\_\_\_

Particular skills or achievements (e.g. theatre, school newspaper, lifeguard training): \_\_\_\_\_

Musical instrument(s): \_\_\_\_\_ Number of years playing: \_\_\_\_\_



## Family Details

Siblings (name and age):

---

Legal Guardian:

Mother

Father

Mother's Details

Father's Details

Surname, first names:

---

---

Address:

---

---

Home telephone number:

---

---

Mobile number:

---

---

Fax, email:

---

---

Occupation:

---

---

## Your Child's Thoughts

How would your parents describe you? Please provide three characteristics.

---

---

---

How would your best friend describe you? Please provide three characteristics.

---

---

---

If you were able to add an additional character trait to your own personality, what would it be?

---

---

---

---



In which school subjects do you perform particularly well?

---

---

In your opinion, what makes a good teacher?

---

---

In which school subject do you require the most support?

---

---

Why are you interested in Landheim Ammersee?

---

---

What can we do better than your previous school?

---

---

What is your favourite way to spend your free time?

---

---

Would you like to tell us anything else?

---

---

---

---



### Parents' Comments

In your view, in what ways would your child benefit from a Landheim education?

---

---

What is your greatest concern with regard to your child?

---

---

Please provide details of any ongoing medical condition, health problem or previous illness relating to your child.

---

Please provide details of any learning difficulty, disability or special educational need relating to your child.

---

Dyslexia  Yes  No

ADHD  Yes  No

Dyscalculia  Yes  No

Gifted and talented  Yes  No

Has your child ever received treatment for such a condition?  Yes  No

Has your child ever received an assessment by a medical professional or educational psychologist?  Yes  No

If so, please provide the name and address of the professional. \_\_\_\_\_

---

Does your child take any regular medication?  Yes  No

If so, please state the name and for how long he/she has been taking it. \_\_\_\_\_

---

Food intolerances/allergies \_\_\_\_\_

Has your child ever taken drugs?  Yes  No

Does your child smoke?  Yes  No



Please indicate how you first heard about Landheim Ammersee:

- |  |  |
|--|--|
| <input type="checkbox"/> Agency recommendation | <input type="checkbox"/> School website      |
| <input type="checkbox"/> Internet search       | <input type="checkbox"/> Advertisement/press |
| <input type="checkbox"/> Other                 |  |

**Attachments**

- CV
- Photo
- Copies of your child's school reports from the last three academic years
- Other: \_\_\_\_\_

I agree that all the information detailed in this form may be shared with the appropriate members of school staff.

---

Date & Signatures of Parents/Legal Guardians

