

REGISTRATION – Fall 2005

INDIANAPOLIS GERMAN SCHOOL

C/O IUPUI DEPT. OF WORLD LANGUAGES AND CULTURES

425 UNIVERSITY BLVD.

INDIANAPOLIS, IN 46202

(317) 274-3943 or 274-0062, FAX: 278-7375, E-MAIL: CGROSSMA@IUPUI.EDU

STUDENT INFORMATION:

1. _____
(STUDENT'S NAME) (D.O.B.) (GRADE) (GERMAN SKILLS)
2. _____
(STUDENT'S NAME) (D.O.B.) (GRADE) (GERMAN SKILLS)
3. _____
(STUDENT'S NAME) (D.O.B.) (GRADE) (GERMAN SKILLS)

COMPLETE ADDRESS OF PARENT OR GUARDIAN:

(Name or Parent or Guardian)

(Street) (City) (ZIP)

(Home phone) (Work phone) (Cell phone)

(E-mail)

Where can you be reached during class hours?

Is there any special information that the instructor needs to know (e.g. allergies, medication etc.)?

Release Agreement:

I hereby release the Indianapolis German School from any liabilities or medical expenses which my child/ren may incur as a result from participating in the normal course of the program.

(Signature)

(Date)

Tuition: \$ 125.00 for one child, \$ 225.00 for two children, \$ 300.00 for three children. *Deadline:* Sept. 19, , 2005. **Make checks payable to IUPUI.**