



DEUTSCHE SCHULE RIGA
RĪGAS VĀCU SKOLA

Dzirnavu iela 16, Rīga, LV-1010

DEUTSCHE SCHULE RIGA

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APPLICATION FORM for school year _____/_____

Please email the completed form to: administrator@deutscheschuleriga.lv tel. (+371) 2571 2699

Child:

First name: _____

Family name: _____

Nationality: _____

Date of birth (dd/month/yyyy): _____

Latvian personal code: _____

Native language: _____

Address: _____

Knowledge of German (please check): YES NO

If YES, please explain: _____

Child's legal guardian (1)

First name: _____

Family name: _____

Relationship to the child: _____

Latvian personal code/ Date of birth (dd/month/yyyy): _____

Nationality: _____

Native language: _____

Other language(s): _____

Address: _____

Telephone: home: _____ office: _____ cellular: _____

E-mail: _____

Profession: _____

Signature: _____ Date: _____

Child's legal guardian (2)

First name: _____

Family name: _____

Relationship to the child: _____

Latvian personal code/ Date of birth (dd/month/yyyy): _____

Nationality: _____

Native language: _____

Other language(s): _____

Address: _____

Telephone: home: _____ office: _____ cellular: _____

E-mail: _____

Profession: _____

Signature: _____ Date: _____

By signing and submitting this application electronically, I give my permission for the processing of the personal data indicated above, to the extent necessary for the operation by Deutsche Schule Riga as indicated by law. I have been informed that the data holder is Deutsche Schule Riga, registration number 40103898060, legal address: Dzirnāvu iela16, LV-1010RIGA.