

Please fill in all space carefully in block letters. Mark with a cross where applicable.

APPLICATION

Initial application

Repeat application

STUDENT

Last name of the student		Gender (m f d)	Receipt stamp
First name	School year	Year	
Date and place of birth			

TYPE OF SCHOOL

Christophorusschule | Dr. Wilhelm-Meyer-Gymnasium
 Hans-Georg-Karg-Schule | Grundschule
 International School BS-WOB

PARENTS | LEGAL GUARDIANS

If there is joint custody yes no (Please provide supporting document)

Last name, birth name		First name	Date of birth
Street and house number			
Postal code, city			
Home phone	Business phone	Mobile	
Email address			

Last name, birth name		First name	Date of birth
Street and house number			
Postal code, city			
Home phone	Business phone	Mobile	
Email address			

DETAILS OF MARITAL STATUS

single
 married
 permanently separated
 divorced
 widowed
 since:

OTHER SIBLINGS OF THE STUDENT ENTITLED TO CHILD BENEFIT

(From the 4th sibling onwards, please indicate on an additional sheet)

	1st sibling	2nd sibling	3rd sibling
Last name, first name			
Date of birth			
Authorised custodian	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Father

For all subsequent questions, the income situation in the penultimate calendar year before the start of the authorisation period is decisive, with the exception of the receipt of social benefits (e.g. unemployment benefit, citizen's allowance) - in this case always the current year.

INCOME TAX LIABILITY			
	YES	NO	
Have you already been assessed for income tax for the relevant year?	<input type="checkbox"/>	<input type="checkbox"/>	if yes, please enclose the complete tax assessment notice from the tax office. If no, please send it after receipt.
You have not yet received your tax assessment notice?	<input type="checkbox"/>	<input type="checkbox"/>	if yes, we need your income tax statement from the last calendar year from your employer for a provisional assessment. If you have an older tax assessment notice, please also enclose this.
Are you currently receiving wage replacement benefits in accordance with point 5 of the contribution regulations?	<input type="checkbox"/>	<input type="checkbox"/>	if yes, please send us the relevant proof.

INCOME				
Please fill in if an income tax assessment has not been carried out and will not be carried out.	Legal guardian 1	Legal guardian 2	Evidence attached	
			YES	NO
Income from non-self-employment	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Income from self-employment (profit generated)	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Income from agriculture and forestry	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Income from trade business	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Income from capital assets	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Income from renting and leasing	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Foreign earnings	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Pension	Type of pension EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment benefit/unemployment assistance/housing benefit	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Sick pay benefit	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Insolvency benefit	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Short-time allowance	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Compensation / Inheritance	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Other income	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL INCOME	EUR	EUR		

DEDUCTIONS				
Allowance of € 2,500.00 per dependent child	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
Special financial burdens	EUR	EUR	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL DEDUCTIONS	EUR	EUR		

INCOME OF FAMILY CONSTALLATION			
Income	EUR	EUR	
Total income of parents legal guardians	EUR		

DECLARATION

I am aware that I am obliged to notify the management of the CJD Braunschweig immediately in writing of any change in my family and financial circumstances about which I have made a declaration here.

I confirm that the information I have provided is correct and complete and that I have enclosed all the documents available to me as proof.

Place, Date

Signature of the declarant 1

Place, Date

Signature of the declarant 2

ADDITIONAL DECLARATION FOR PARENTS WITHOUT INCOME

I am aware that I am obliged to notify the CJD Braunschweig management in writing without delay of any changes in my family and financial circumstances which are the subject of this declaration.

I declare that I had no income or earnings of my own in the relevant calendar year that would have to be declared in this form.

Place, Date

Signature of the declarant 1

Place, Date

Signature of the declarant 2

DATA PROTECTION CONSENT DECLARATION

I hereby confirm that I have taken note of the attached data protection information. I hereby give my consent for the personal data I have provided to be processed by the CJD Braunschweig for the purposes stated.

I can revoke this consent at any time for the future. It only requires the written form.

Place, Date

Signature of the declarant 1

Place, Date

Signature of the declarant 2