**Anmeldung** zur Aufnahme in die **Berufsschule**

an der Max-Eyth-Schule in 63303 Dreieich, Frankfurter Straße 160 – 166  
Telefon: 06103 31316789, Fax: 06103 31316780, E-Mail: kontakt@mes-dreieich.de

| Ausbildungsbeginn: |  | | | | Ausbildungsdauer: | | | 2 Jahre  2,5 Jahre  3 Jahre  3,5 Jahre Jahre | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ausbildungsberuf: |  | | | | | | | | | | | | | | | | |
| **Auszubildender**: | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | Vorname: | | | |  | | |
| Geburtsdatum: |  | | | | | | | | | | männlich  weiblich | | | | | | |
| Geburtsort und -land: |  | | | | | | | | | | | | | | | | |
| Staatsangehörigkeit: |  | | | | | ggf. Zuzug nach Deutschland: | | | | | | | | | |  | |
| Religion: |  | | | | | Familiensprache: | | | | | | | | | |  | |
| Straße u. Nummer: |  | | | | | | | | | | | | | | | | |
| PLZ und Wohnort: |  | | | | | | | | | | | | | | | | |
| Telefon mit Vorwahl: |  | | | | | | | | Mobil: | | | |  | | | | |
| E-Mail: |  | | | | | | | | | | | | | | | | |
| Erziehungsberechtigte | | | | | | | | | | | | | | | | | |
| **Vater** Name: | |  | | | | | | | | Vorname: | | | |  | | | |
| **Mutter** Name: | |  | | | | | | | | Vorname: | | | |  | | | |
| Straße u. Nummer | |  | | | | | | | | | | | | | | | |
| PLZ und Wohnort: | |  | | | | | | | | | | | | | | | |
| Telefon mit Vorwahl: | |  | | | | | | | | Mobil: | | | |  | | | |
| E-Mail: | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Vorherige Schule: | |  | | | | | | | | | | | | | | | |
| PLZ und Ort: | |  | | | | | | | | | | | | | | | |
| Schulform: | |  | | | | | | | | | | | | | | Jahrgangstufe: |  |
| Besuch der Schule: | | vom | |  | | | bis | | |  | | | | | | | |
| Schulabschluss: | |  | | | | | | | | | | | | | | | |
| **Ausbildungsbetrieb** | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | |
| Straße und Nummer: | | |  | | | | | | | | | | | | | | |
| PLZ und Ort: | | |  | | | | | | | | | | | | | | |
| Ausbilder/-in: | | |  | | | | | | | E-Mail: | |  | | | | | |
| Telefon: | | |  | | | | | | | Fax: | |  | | | | | |