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|  | A N M E L D E B O G E NStaatl. Berufliches Schulzentrum Fürth **Staatliche Berufsschule I Fürth mit BFS’n KI/EV**  **Fichtenstr. 9, 90763 Fürth**  **Tel.: 0911-74 34 60 ; Fax: 0911-74 34 639**  **E-Mail:** [**info@bs1-fuerth.de**](mailto:%20info@bs1-fuerth.de); **Homepage:** [**www.berufsschule1-fuerth.de**](http://www.berufsschule1-fuerth.de) | **Vermerke der Verwaltung**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Klasse / HZ / Datum)** |

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| **Ausbildungsberuf mit Vertrag:** | | | | | | | | | | | | | (Ausbildungsberuf bitte angeben) | | | | | | | | | | | | | | | | | | |
| **BVJ** (Berufsvorbereitungsjahr)  **BGJ Holztechnik** (Berufsgrundschuljahr)  **BGJ Agrarwirtschaft** (Berufsgrundschuljahr) | | | | | | | | | | | | | | | | | **BGJ Hauswirtschaft** (Berufsgrundschuljahr)  **BGJ Friseurhandwerk** (Berufsgrundschuljahr) | | | | | | | | | | | | | | |
| **Schüler:** | | (Familienname) | | | | | | | | | | | | | | | | (Vorname(n)) | | | | | | | | | | | | | |
| **Geschlecht:** | | männlich | | | | | | | | | | | | | | weiblich | | | | | | | | | | divers | | | | | |
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| **Geburtsdatum** (Tag, Monat, Jahr)**:** | | | | | | | | | |  | | | | | | | | | **Schüler ist volljährig:**  ja  nein | | | | | | | | | | | | |
| **Geburtsort:** | | | |  | | | | | | | | | | | | | | | **Geburtsland:** | | | | | | | | | | | | |
| **Staatsangehörigkeit:** | | | | | | | deutsch | | | | | weitere Staatsang.: | | | | | | | | | (bitte angeben) | | | | | | | | | | |
| **Bekenntnis / Religion:** | | | | | | RK römisch-katholisch | | | | | | | | EV evangelisch | | | | | | IL islamisch | | | | | | | | | OX orthodox | | |
|  | | | | | OR ohne Religionszugehörigkeit | | | | | | | | | | SR sonstige (bitte angeben): | | | | | | | | |  | | | | | | | |
| **Anschrift:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **Diese Anschrift gilt für** | | | |
| Straße u. Hausnr. | | |  | | | | | | | | | | | | | | | | | | | | | | | | | (evtl. mehrfach ankreuzen)**:** | | | |
| PLZ und Ort | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | Schüler | | | Eltern |
| Telefon Festnetz: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Vater | | | Mutter |
| Telefon Mobil: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Verwandten | | | Heim |
| E-Mailadresse: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Sonst.: | |  | |
| **Erziehungsberechtigte:** | | | | | | | | | (bei Volljährigkeit bitte einen Ansprechpartner für Notfälle benennen) | | | | | | | | | | | | | | | | | | **Verwandtschaftsgrad:** | | | | |
| Ansprechpartner Nr. 1 | | | | | | | |  | | | | | | | | | | | | | |  | | | | | Vater  Mutter | | | | |
| Name, Vorname: | | | | | | | |  | | | | | | | | | | | | | | | | | | | Vormund  Verwandter | | | | |
| Anschrift:  wie Schüler  eigene | | | | | | | |  | | | | | | | | | | | | | | | | | | | Pflegeeltern  Schüler außerh. Untergebr. | | | | |
| Telefon Festnetz: | | | | | | | |  | | | | | | | | | | | | | | | | | | | Rechtliche Betreuung | | | | |
| Telefon Mobil: | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
| E-Mail: | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
| Ansprechpartner Nr. 2 | | | | | | | |  | | | | | | | | | | | | | | | | | | | Vater  Mutter | | | | |
| Name, Vorname: | | | | | | | |  | | | | | | | | | | | | | | | | | | | Vormund  Verwandter | | | | |
| Anschrift:  wie Schüler  eigene | | | | | | | |  | | | | | | | | | | | | | | | | | | | Pflegeeltern  Schüler außerh. Untergebr. | | | | |
| Telefon Festnetz: | | | | | | | |  | | | | | | | | | | | | | | | | | | | Rechtliche Betreuung | | | | |
| Telefon Mobil: | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |
| E-Mail: | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |

**weiter auf Seite - 2 -**

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| **Ausbildungsberuf:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Beginn:** | |  | | | | | | | | | | **Ende:** | | | | | |  | | | | | | | | **Dauer:** | | | |  | **Jahre** | | |
|  | | Tag, Monat, Jahr | | | | | | | | | |  | | | | | | Tag, Monat, Jahr | | | | | | | | z. B. 3 J. / 2,5 J. | | | | | | | |
| Ausbildungsart:  Ausbildung mit Ausbildungsvertrag  EQ - Maßnahme  Umschulung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Betrieb / Maßnahmeträger:** | | | | | | | | | | | | |  | | | | | | **Einsatzfiliale** (falls vom Firmensitz abweichend  bzw. Kooperationsbetrieb des Maßnahmeträgers) | | | | | | | | | | | | | | |
| Name / Bezeichnung | | | | | | | | | | | | | | | | | | | Filiale | | | | | | | | | | | | | | |
| Ausbilder/in (Name und Vorname) | | | | | | | | | | | | | | | | | | | Ausbilder/in (Name und Vorname) | | | | | | | | | | | | | | |
| Straße | | | | | | | | | | | | | | | | | | | Straße | | | | | | | | | | | | | | |
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| PLZ | | | Ort | | | | | | | | | | | | | | | | PLZ | | | | Ort | | | | | | | | | | |
| Telefon mit Vorwahl | | | | | | | Fax | | | | | | | | | | | | Telefon mit Vorwahl | | | | | | | | | | Fax | | | | |
| E-Mail | | | | | | | | | | | | | | | | | | | E-Mail | | | | | | | | | | | | | | |
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| **Herkunftsschule** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(die zuletzt besuchte Schule)** | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
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| **ggf. die vorletzte besuchte Schule:** | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
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| **Schulart am 20.10. (des Vorjahres) besuchte Schule:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| MS | Mittelschule / Hauptschule | | | | | | | | | | BS | | | | Berufsschule | | | | | | KOL | | | | | | Kolleg | | | | | | |
| FZ | Förderzentrum | | | | | | | | | | BSF | | | | Berufsschule z. sp. F. | | | | | | AN | | | | | | andere Schulart | | | | | | |
| RS | Realschule | | | | | | | | | | BFS | | | | Berufsfachschule | | | | | | AV | | | | | | Maßnahme Arbeitsverwaltung | | | | | | |
| GY | Gymnasium | | | | | | | | | | BFG | | | | Berufsfachschule Ges.W | | | | | | AS | | | | | | Zuzug Aussiedler | | | | | | |
| WSF | Freie Waldorfschule | | | | | | | | | | FS | | | | Fachschule | | | | | | AL | | | | | | Zuzug Ausländer | | | | | | |
| WS | Wirtschaftsschule | | | | | | | | | | FAK | | | | Fachakademie | | | | | | AU\_INT\_D | | | | | | ausl./int. Schule in Deutschl. | | | | | | |
| FOS | Fachoberschule | | | | | | | | | | ARS | | | | Abendrealschule | | | | | | SO | | | | | | keine Schule (sonstige Gründe) | | | | | | |
| BOS | Berufsoberschule | | | | | | | | | | AGY | | | | Abendgymnasium | | | | | |  | | | | | |  | | | | | | |
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| **höchster Schulabschluss:** | | | | | | | | | | | | | | erworben an: | | | | | | | | | | | | | | | | | | | |
| OM | | oh. Abschl. mit erf. VSchPf | | | | | | | | | | | | MS | | | Mittelschule | | | | | | | | BOS | | | Berufsoberschule | | | | | |
| AL | | Abschl. Bildungsgang FS Lernen | | | | | | | | | | | | FZ | | | Förderzentrum | | | | | | | | BS | | | Berufsschule | | | | | |
| MSOQ | | Mittelschulabschluss ohne Quali | | | | | | | | | | | | RS | | | Realschule | | | | | | | | BSF | | | Berufsschule z. sonderpäd. Förd. | | | | | |
| QUAL | | Quali. Mittelschulabschluss | | | | | | | | | | | | RSB | | | RS zur sonderp. Förd. | | | | | | | | BFS | | | Berufsfachschule | | | | | |
| M | | mittlerer Schulabschluss | | | | | | | | | | | | WS | | | Wirtschaftsschule | | | | | | | | BFG | | | Berufsfachschule Gesundheitsw. | | | | | |
| F | | Fachg. Fachhochschulreife | | | | | | | | | | | | GY | | | Gymnasium | | | | | | | | FS | | | Fachschule | | | | | |
| GHSR | | Fachhochschulreife | | | | | | | | | | | | FWS | | | Freie Waldorfschule | | | | | | | | FAK | | | Fachakademie | | | | | |
| FGHS | | Fachgeb. Hochschulreife | | | | | | | | | | | | WS | | | Wirtschaftsschule | | | | | | | | AN | | | andere Schulart | | | | | |
| A | | Allg. Hochschulreife | | | | | | | | | | | |  | | |  | | | | | | | |  | | |  | | | | | |
| SONS | | sonstiger Abschluss | | | | | | | | | | | |  | | |  | | | | | | | |  | | |  | | | | | |
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| **Zuzug in die Bundesrepublik Deutschland** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Zuzugsdatum: | | | |  | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |
| Zuzugsart: | | | | AU | | | | | Aussiedler | | | | | | | | | | | KF | | | Kriegsflüchtling | | | | | | | | | | |
|  | | | | AY | | | | | Asylberechtigter | | | | | | | | | | | AS | | | Ausländer (nicht Asylbewerber) | | | | | | | | | | |
|  | | | | AB | | | | | Asylbewerber | | | | | | | | | | | SO | | | sonstiger Zuzug | | | | | | | | | | |
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| **Ort** | | | | | | | | **Datum** | | | | | | | | **Unterschrift d. Schülers bzw. eines Erziehungsberechtigten** | | | | | | | | | | | | | | | | | |

Anmeldebogen BSZ-BSI Fürth\_01\_25