

Please fill in carefully and legibly!

**Regionales Berufliches Bildungszentrum  
des Landkreises Vorpommern-Greifswald in Wolgast / Torgelow**

**Student Database**

**Class:**

**Personal details:**

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

born on the: \_\_\_\_\_ born in: \_\_\_\_\_

Home address: \_\_\_\_\_

*Road, Number*

*Postcode, city, municipality*

Phon: \_\_\_\_\_ District: \_\_\_\_\_

**Housing, WG, etc. during school: yes  or no**

Nationality: \_\_\_\_\_ Year of arrival: \_\_\_\_\_

Education profession: \_\_\_\_\_

Subject area: \_\_\_\_\_

1. Vocational school: \_\_\_\_\_ Last Vocational school: \_\_\_\_\_

**Information about parents or legal guardians (also at age of majority)**

*Please mark the guardian!*

Father \_\_\_\_\_ Muther \_\_\_\_\_

Surname, First name: \_\_\_\_\_ Surname, First name: \_\_\_\_\_

Adress \_\_\_\_\_ Adress \_\_\_\_\_

*if different* \_\_\_\_\_ *if different* \_\_\_\_\_

Phone private: \_\_\_\_\_ Phone private: \_\_\_\_\_

Phone business: \_\_\_\_\_ Phone business: \_\_\_\_\_

**Educational background:** *(Please check the relevant box)*

without a secondary school degree  Graduation

low grade level,  College student

high grade level  University of Applied Sciences

High School

other educational background

already completed training before taking up the current training  or retraining

**Education:** *(Please check the relevant box)*

company training  other training ▼ Introductory training

ABG

APO

SOPO

Name of the company: \_\_\_\_\_ Kontakt: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home adress: \_\_\_\_\_

*Road, Number.*

*Postcode, city*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ District: \_\_\_\_\_

Training contract from: \_\_\_\_\_ to: \_\_\_\_\_

**Comment:**

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