# Anmeldebogen der Staatlichen Berufsschule I Fürth

**BS**

**I**

**Fichtenstr. 9, 90763 Fürth**

**Vermerke der Verwaltung**

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(Klasse / HZ / Datum)

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| **Ausbildung mit Ausbildungsvertrag / Ausbildungsberuf:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **BGJ Holztechnik** (Berufsgrundschuljahr)  **BGJ Agrarwirtschaft** (Berufsgrundschuljahr) | | | | | | | | | | | | | | | | **BGJ Hauswirtschaft** (Berufsgrundschuljahr)  **BVJ** (Berufsvorbereitungsjahr) Jugendliche ohne Ausbildung | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Schüler:** | | | Familienname | | | | | | | | | | | | | | | | | | | Vorname | | | | | | | | | | | | | | | | | | |
| **Geschlecht:** | | | männlich | | | | | | | | | | | | weiblich | | | | | | | | | | | | | | | | divers | | | | | | | | | |
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|  | | | |  | | | | | | | | | | | | | | | | | **Schüler ist volljährig:** | | | | | | | | | | | | | | ja  nein | | | | | |
| **Geburtsdatum:** | | | | Tag | | | | Monat | | | | Jahr | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Geburtsort:** | | |  | | | | | | | | | | | | | | | | | **Geburtsland:** | | | | | | | | | | | | | | | | | | | | |
| **Staatsangehörigkeit:** | | | | | | | deutsch | | | | andere (bitte angeben): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Bekenntnis:** | | | RK | | | | | | EV | | | | | IL (islam) | | | | | | | | | | OX (orthodox) | | | | | | | | | BL (bekenntnislos) | | | | | | | |
|  | | | sonstiges (bitte angeben): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **Diese Anschrift gilt für:** | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | (evtl. mehrfach ankreuzen) | | | | | | | | | | |
| **Anschrift:** | | | Straße, Hausnummer | | | | | | | | | | | | | | | | | | | | | | | | | | | Schüler | | | | | | | | | Eltern | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Mutter | | | | | | | | | Vater | |
| PLZ | | | Ort | | | | | | | | | | | | | | | Landkreis / Bundesland | | | | | | | | | | | | Verwandten | | | | | | | | | Heim | |
|  | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | Sonst.: | | | | | | |  | | | |
|  | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |
| **Telefon:** | | | | | (mit Vorwahl) | | | | | | | | | | | | | **Mobil:** | | | | | | | |  | | | | | | | | | | | | | | |
| **E-Mailadresse:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Erziehungsberechtigte**  **Ansprechpartner (für Notfälle):** | | | | | | | | | | **Art:**   Eltern | | | | | | | Mutter  Vater  Pflegeeltern | | | | | | | | | | Vormund  Heim  Verwandter | | | | | Sonst. | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | |
| Name, Vorname: | | | | | |  | | | | | | | | | | | | | | | | | | Verwandtschaftsgrad: | | | | | | | |  | | | | | | | | |
| Anschrift falls abweichend: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon: | | | | | |  | | | | | | | | | | | E-Mail: | | | | | | | | | | | | | | | | | | | | | | | |
| Name, Vorname: | | | | | |  | | | | | | | | | | | | | Verwandtschaftsgrad: | | | | | | | | | | | |  | | | | | | | | | |
| Anschrift falls abweichend: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon: | | | | | |  | | | | | | | | | | | E-Mail: | | | | | | | | | | | | | | | | | | | | | | | |

**weiter auf Seite - 2 -**

Anmeldebogen BSI Fü 250121

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| **Ausbildungsberuf:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Beginn:** | |  | | | | | | | | | | | | | | **Ende:** | | |  | | | | | | | | | | **Dauer:**        **Jahre** | | | | | |
|  | | Tag, Monat, Jahr | | | | | | | | | | | | | |  | | | Tag, Monat, Jahr | | | | | | | | | |  | | | | | |
| Ausbildungsart:  Auszubildender  Praktikant (EQ - Maßnahme)  Umschüler | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Betriebsdaten:** | | | | | |  | | | | | | | | | | | | | | | **Einsatzfiliale, wenn vom Firmensitz abweichend**  **bzw. Kooperationsbetrieb des Maßnahameträgers** | | | | | | | | | | | | | |
| Firma / Ausbildungsbetrieb | | | | | | | | | | | | | | | | | | | | | Firma | | | | | | | | | | | | | |
| Ansprechpartner | | | | | | | | | | | | | | | | | | | | | Ansprechpartner | | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **zuletzt besuchte Schule:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | (bitte genaue Bezeichnung) | | | | | | | | | | | | | | (Ort) | | | | | | | |
| **vorletzte besuchte Schule:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | (bitte genaue Bezeichnung) | | | | | | | | | | | | | | (Ort) | | | | | | | |
| **Schulart am 20.10. (des Vorjahres) besuchte Schule:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| --- | keine Schule | | | | | | | | | | | | | | | EJO | | | JoA eigene BS | | | | | | BIV | | | | BIK/V/SIK an eigener Schule | | | | | |
| AL | allg. bild. Schule (MS, RS, GY) | | | | | | | | | | | | | | | AJO | | | JoA andere BS | | | | | | BIC | | | | BIK an anderer Schulart | | | | | |
| BS | Berufsschule (Ausbildungsvertrag) | | | | | | | | | | | | | | | BVJ | | | BVJ der BS | | | | | | BIX | | | | BIK/V/SIK an anderer BS | | | | | |
| BSA | Ausbildung an anderer BS | | | | | | | | | | | | | | | BVA | | | BVJ an anderer BS | | | | | | BIJ | | | | BIK an eigener Schule | | | | | |
| AV | BS und Maßnahme der AV | | | | | | | | | | | | | | | BGJ | | | BGJ der BS | | | | | | BIA | | | | BIK/SIK an anderer BS | | | | | |
| AVA | Maßn. der AV an and. BS | | | | | | | | | | | | | | | BGA | | | BGJ an anderer BS | | | | | | BIB | | | | BIK/V/SIK andere Schulart | | | | | |
| BFS | Berufsfachschule | | | | | | | | | | | | | | | WS | | | Wirtschaftsschule | | | | | | IVA | | | | Int.-Vorkl. An FOS/BOS | | | | | |
| BFG | BFS Gesundheitswesen | | | | | | | | | | | | | | | FOS | | | Fachoberschule | | | | | | UNI | | | | Hochschule einschl. Studienabbr. | | | | | |
|  |  | | | | | | | | | | | | | | |  | | |  | | | | | | SO | | | | sonstige Schule | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **höchster Schulabschluss:** | | | | | | | | | | | | | | | | | | | erworben an: | | | | | | | | | | | | | | | |
| VSo | | erf. Schulpflicht o. Abschl. | | | | | | | | | | | | | | | | | VS | | | | Mittelschule | | | | | | | | | | | |
| SVS | | Abschl. Schule ind. Lernf. | | | | | | | | | | | | | | | | | SVS | | | | VS zur sonderp. Förd. | | | | | | | | | | | |
| HSo | | Mittelschule ohne Quali | | | | | | | | | | | | | | | | | RS | | | | Realschule | | | | | |  | | | | | |
| HSq | | Mittelschule mit Quali | | | | | | | | | | | | | | | | | RSB | | | | RS zur sonderp. Förd. | | | | | | | | |  | | |
| M | | Mittlerer Schulabschluss | | | | | | | | | | | | | | | | | WS | | | | Wirtschaftsschule | | | | | | | | | | | |
| F | | Fachg. Fachhochschulreife | | | | | | | | | | | | | | | | | GY | | | | Gymnasium | | | | | | | | | | | |
| H | | Fachhochschulreife | | | | | | | | | | | | | | | | | FOS | | | | Fachoberschule | | | | | | | | | | | |
| FH | | Fachgeb. Hochschulreife | | | | | | | | | | | | | | | | | BS | | | | Berufsschule | | | | | | | | | | | |
| AH | | Allg. Hochschulreife | | | | | | | | | | | | | | | | | SBS | | | | BS zur sonderp. Förd. | | | | | | | | | | | |
| SO | | sonstiger Abschluss | | | | | | | | | | | | | | | | | SO | | | | Sonstige Schule | | | | | | | | | | | |
| **Zuzug in BRD (von allen Schülern auszufüllen, die nicht in Deutschland geboren sind):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | AB | | | | | | | Asylbewerber | | | | | | | | | | | | AU | | | | Aussiedler | | | | | | |
| **Art:** | | | | | AY | | | | | | | Asylbewerber anerkannt | | | | | | | | | | | | FL | | | | Flüchtling | | | | | | |
|  | | | | | AD | | | | | | | Asylbewerber geduldet | | | | | | | | | | | | KF | | | | Kriegsflüchtling | | | | | | |
|  | | | | | AS | | | | | | | Ausländer | | | | | | | | | | | | SO | | | | sonstiger Zuzug | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |
| **Zuzugsdatum:** | | | | | |  | | | | | | | | | | | **Herkunftsland:** | | | | | |  | | | | | | | | | | | |
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| **Ort, Datum** | | | | | | | | | | |  | | | **Unterschrift d. Schülers bzw. eines Erziehungsberechtigten** | | | | | | | | | | | | | | | | | | | | |