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| **BS**  **I** | A N M E L D E B O G E Nder Staatl. Berufsschule I Fürth, 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) | **Schulstempel der abgebenden Schule** |

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| **B E R U F S V O R B E R E I T U N G S J A H R** | | | | | | | | | | | | | | | | | | | | | | | **BVJ / BIJ / BIK** | | | | | |
| **Ausbildungswunsch und berufliches Interesse:** | | | | | | | | | | | | | | | | | | | | | | | geplant an Berufsschule: | | | | | |
|  | Handwerklich und gewerblich Technische Berufe (Holz, Nahrung) | | | | | | | | | | | | | | | | | | | | | | BS I Fürth (Fichtenstr. 9) | | | | | |
|  | Ernährung / Versorgung, Körperpflege, Soziales | | | | | | | | | | | | | | | | | | | | | | BS I Fürth (Fichtenstr. 9 | | | | | |
|  | kaufmännischer Bereich (Handel, Verkauf, Dienstleistung) | | | | | | | | | | | | | | | | | | | | | | BS II Fürth (Theresienstr. 15) | | | | | |
|  | technischer Bereich (Metall, Elektro, IT) | | | | | | | | | | | | | | | | | | | | | | BS III Fürth (Ottostr. 22) | | | | | |
|  | Sprachförderbereich (BIK-V, BIK) | | | | | | | | | | | | | | | | | | | | | | BS I Fürth (Fichtenstr. 9) | | | | | |
|  | ich möchte am externen Quali teilnehmen (Bitte das Abschlusszeugnis der  Mittelschule vorlegen. Die Auswahl erfolgt nach Abschlusszeugnis.) | | | | | | | | | | | | | | | | | | | | | | BS II Fürth (Theresienstr. 15) | | | | | |
| **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 | | | | | | | IL islamisch | | | | | OX orthodox | | | | | | | SO syrisch-orthodox | | | |
|  | | | | | | EV evangelisch | | | | | | | AL alevitisch | | | | | SR sonstige(n) | | | | | | | OR ohne Religionszugehörigkeit | | | |
|  | | | |  | | | | | | | | | | | | | **Diese Anschrift gilt für** (evtl. mehrfach ankreuzen)**:** | | | | | | | | | | | |
| **Anschrift:** | | | |  | | | | | | | | | | | | | | | | | | | | Schüler | | | | Eltern |
| Straße und Hausnr. | | | |  | | | | | | | | | | | | | | | | | | | | Vater | | | | Mutter |
| PLZ und Ort | | | |  | | | | | | |  | | | | | | | | | | | | | Verwandten | | | | Heim |
|  | | | |  | | | | | | |  | | | | | | | | | | | | | Sonst.: | | |  | |
| Telefon Festnetz:  (mit Vorwahl) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon Mobil: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| E-Mailadresse: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **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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| **Herkunftsschule:** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | (bitte genaue Bezeichnung) | | | | | | | | | | | | | |  | | | |
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| **Anschrift:** | | | |  | | | | | | | | | |  | | | | | | |  | | | | | |
| (Straße, Hausnummer) | | | | | | | | | | | | | | | (Postleitzahl) | | | | | | (Ort) | | | | | |
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| **erreichter Schulabschluss:** | | | | | | | | | | | | | erworben an: | | | | | | | | | | | | | |
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| OM | | oh. Abschl. mit erf. VSchPf | | | | | | | | | | | MS | | | | | Mittelschule | | | | | | | | |
| MSOQ | | Mittelschulabschluss ohne Quali | | | | | | | | | | | RS | | | | | Realschule | | | | | |  | | |
| QUAL | | Quali. Mittelschulabschluss | | | | | | | | | | | WS | | | | | Wirtschaftsschule | | | | | |  | | |
| SVS | | Abschl. Schule ind. Lernf. | | | | | | | | | | | FZ | | | | | Förderzentrum | | | | | | | | |
| SONS | | sonstiger Abschluss | | | | | | | | | | | AN | | | | | andere Schulart | | | | | | | |  |
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| **Zuzug in die Bundesrepublik Deutschland** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 BVJ\_BIJ Fürth 010622