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| leonardo_logo_schmal_110831 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | **Gemeinschaftsschule**  Marie-Juchacz-Str. 1, 07749 Jena  Tel: 03641 – 880050  [info@leonardo-jena.de](mailto:info@leonardo-jena.de)  [www.leonardo-jena.de](http://www.leonardo-jena.de/) | | | | | |
| Bitte beachten Sie, dass durch die Anmeldung kein Platz in der Freien Ganztagsschule Leonardo garantiert werden kann. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Die Datenangaben erfolgen freiwillig und unterliegen unter Berücksichtigung des Bundesdatenschutzgesetzes der Zweckbindung. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Anmeldung zum Schuljahr** | | | | | **20** | | **/** | | | | | | | | | **für die Klassenstufe** | | | | | | | | | | | | | | | |  |  |
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| **Personalien** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name, Vorname des Kindes | | | | | | | |  | | | | Geburtsdatum, Geburtsort des Kindes | | | | | | | | | | | | | | | | | | | | | |
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| Name, Vorname des Personensorgeberechtigten (1)  (i.d.R. die Mutter) | | | | | | | |  | | | | Name, Vorname des Personensorgeberechtigten (2)  (i.d.R. der Vater) | | | | | | | | | | | | | | | | | | | | | |
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| telefonische Erreichbarkeit des Personensorgeberechtigten (1) | | | | | | | |  | | | | des Personensorgeberechtigten (2) | | | | | | | | | | | | | | | | | | | | | |
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| E-Mail des Personensorgeberechtigten (1) | | | | | | | |  | | | | E-Mail des Personensorgeberechtigten (2) | | | | | | | | | | | | | | | | | | | | | |
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| **Adresse des Hauptwohnsitzes:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Wohnsitz der Familie bzw. des mit dem Kind lebenden | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **Kind erhält Frühförderung/Therapien** | | | | | | | | | | | | | ja | | | | | | | nein | | | | | | welche: | | | | |  | | |
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| **Sonderpädagogisches Gutachten liegt vor** | | | | | | | | | | | | | ja | | | | | | | nein | | | | | | | | | | | | | |
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| **Kind erhält Eingliederungshilfe (Schulbegleitung)**  Gemäß § 54 SGB XII | | | | | | | | | | | | | ja | | | | | | | nein | | | | | | | | | | | | | |
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| **derzeitige Kindertageseinrichtung/Schule:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **Beginn des Schulbesuchs an der LEONARDO-Schule:** | | | | | | | | | | | | | x | | x | | x | | x | | x | x | x | | x | |  | | | | | | |
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| **Namen der Geschwister, welche die** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **LEONARDO-Schule derzeit besuchen:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **Einschränkungen der physischen und** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **psychischen Leistungsfähigkeit:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Liegt ein pädagogisches Gutachten vor?** | | | | | | | | | | | | | ja | | | | | | | nein | | | | | | | | | | | | | |
| **Liegt ein sonderpädagogisches Gutachten vor?** | | | | | | | | | | | | | ja | | | | | | | nein | | | | | | | | | | | | | |
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| **Bemerkungen:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Datum |  | | Unterschrift der Personensorgeberechtigten | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Posteingang** (Unterschrift Schule) | | | |
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| Wird von der Schule ausgefüllt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rückmeldung** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| Absage | | | | Bemerkung: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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