**Antrag auf Schulwechsel im Verbund**

**Fürstenfeldbruck Nord – Fürstenfeldbruck West – Emmering – Türkenfeld**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  |       |  |  | Vorname/n: |  |     |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Straße: |  |       |  |  | PLZ: |  |       |  |  | Ort: |  |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Geburtsdatum: |  |       |  |  | Geburtsort: |  |       |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bekenntnis: |  |       |  |  | Besuchter Religionsunterricht: |  |       |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Geschlecht: |  | w [ ]  m [ ]  d [ ]  |  |  | Jahrgangsstufe: |  |       |  |
|  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Abgebende Schule:      |  |       |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Aufnehmende Schule: |  |       |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Erziehungsberechtigter:
 |  |       |  |
|  |  |  |  |
| Telefonnummer(n):      |  |       |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Erziehungsberechtigter:
 |  |       |  |
|  |  |  |  |
| Telefonnummer(n):      |  |       |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Antragsbegründung: |  |       |  |
|  |  |  |  |
|  |       |  |
|  |  |  |
|  |       |  |
|  |  |  |
|  |       |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |      , 06.05.2021 |  |
|  | Ort/Datum Unterschrift Erziehungsberechtigte/r |  |

Stellungnahme der abgebenden Schule:

Der Antrag wird befürwortet: ja [ ]  nein [ ]

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Ort/Datum |  |

Stellungnahme der aufnehmenden Schule:

Der Antrag wird befürwortet: ja [ ]  nein [ ]

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Ort/Datum |  |

**Stellungnahme des Verbundkoordinators:**

Der Antrag wird befürwortet: ja [ ]  nein [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Fürstenfeldbruck |  |  |  |
|  |  | Unterschrift |  |