**Antrag auf Schulwechsel im Verbund**

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

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| Straße: |  |  |  |  | PLZ: |  |  |  |  | Ort: |  |  |  |
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| Geburtsdatum: |  |  |  |  | Geburtsort: |  |  |  |
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| Bekenntnis: |  |  |  |  | Besuchter Religionsunterricht: |  |  |  |
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| Geschlecht: |  | w  m  d |  |  | Jahrgangsstufe: |  |  |  |
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| Abgebende Schule: |  |  |  |
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| Aufnehmende Schule: |  |  |  |
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| 1. Erziehungsberechtigter: |  |  |  |
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| Telefonnummer(n): |  |  |  |
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| 1. Erziehungsberechtigter: |  |  |  |
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| Telefonnummer(n): |  |  |  |
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| Antragsbegründung: | |  |  |  |
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|  | , 06.05.2021 |  |
|  | Ort/Datum Unterschrift Erziehungsberechtigte/r |  |

Stellungnahme der abgebenden Schule:

Der Antrag wird befürwortet: ja  nein

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Stellungnahme der aufnehmenden Schule:

Der Antrag wird befürwortet: ja  nein

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**Stellungnahme des Verbundkoordinators:**

Der Antrag wird befürwortet: ja  nein

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| Fürstenfeldbruck |  |  |  |
|  |  | Unterschrift |  |