SCHULUNTERRICHT ZU HAUSE E.V.
ORGANIZATION FOR THE REALIZATION OF PARENTS'
CONSTITUTIONALLY GUARANTEED RIGHTS TO EDUCATE THEIR CHILDREN

Application for Passive Membership
for families, who educate/wish to educate their children at home

1) Personal Information (Please print)

Surname, First name (Father)	Phone
Surname, First name (Mother)	Fax (optional)
Street Address	E-Mail (optional)
PLZ, City	Nationality of the Parent(s)
State (Bundesland)	

2) Children

Number of Children: _____
List the names of all you children below. Please include children who are not of school age.
If you need more space, please use a separate sheet of paper.

	Name (Surname only if not that of the father)	D.O.B.	Nationality
1st Child			
2nd Child			
3rd Child			
4th Child			
5th Child			

3) Legal History

Have you already had legal difficulties in regards to home education? ☐ Yes ☐ No
If you answered *Yes*, please explain your situation on a separate sheet of paper.

4) Signature

I herewith affirm that all information has been provided according to the best of my knowledge. I realize that fals information may result in the immediate cancellation of my membership.

………

City, Date   Signature (Father)   Signature (Mother)

5) Payment details

☐ **Yes**, Please charge the membership fee to my bank account. The yearly fee is currently €150 per family. If I do not cancel my membership prior to three months before expiration, it will automatically be extended.

Account holder	Routing code (BLZ)
Account number	Bank

…………………………………………………
(Date, Signature)

☐ I will transfer the membership fee plus a handling fee of €5 (a total of €155) onto the organization's account. If I do not pay, my membership will automatically be cancelled. (*Important notice: Your membership begins as soon as the money has been credited to our account!*)

Please mail the completed form to the address below. You may also fax this form to us directly.

Questions? Write us an E-Mail or call us!
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