

# Application for additional special educational needs support and care



for grades 1-4

at primary schools and schools with a focus on special educational needs

Only to be filled in by the Jugendamt!

Received on: \_\_\_\_\_

[Youth Welfare Office]

Bezirksamt  
[District Office]

\_\_\_\_\_ of Berlin

Department \_\_\_\_\_

Reference no.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact: Ms./Mr. \_\_\_\_\_

Phone: \_\_\_\_\_

## To be filled in by the applicant

**Please note:** All details provided in the application form are subject to the secrecy of personal social data. Usually, for a child starting school this application must be handed in together with the enrolment form at the primary school!  
Please mark the applicable fields  and fill in the form legibly.  
If any changes, especially of your family or work situation, occur between the application and the conclusion of a care contract you must inform us immediately.

Application date 

--	--	--	--	--	--

1. I/We request a place for the school year starting on 1st August

	/	
--	---	--

or from 

--	--	--	--	--	--

 for

1.1

\_\_\_\_\_  
Surname of the child

\_\_\_\_\_  
First name of the child

--	--	--	--	--	--

Date of birth

male

female

\_\_\_\_\_  
Address of the child

Nationality \_\_\_\_\_

1.2

### Information on parents / legal guardian

(Please note: If you live separately as parents but have joint custody of the child please state who is authorised to receive the correspondence in these proceedings)

Mother/care person (delete as appropriate)

Father/care person (delete as appropriate)

Post receiver

Post receiver

Surname \_\_\_\_\_

Surname \_\_\_\_\_

Birth name \_\_\_\_\_

Birth name \_\_\_\_\_

First name \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

Address

Same address as the child

or

Address

Same address as the child

or

Street/no. \_\_\_\_\_

Street/no. \_\_\_\_\_

2. Information on previous care

The child starts school

Currently at Kita/daycare  Yes  No

If applicable, address  
 \_\_\_\_\_  
 \_\_\_\_\_

b) The child is already at school

(so far no additional special educational needs support and care)

School: \_\_\_\_\_

Year/grade: \_\_\_\_\_

c) The child receives additional special educational needs support and care at the school. The scope is to be extended.

Yes

School: \_\_\_\_\_

Year/grade: \_\_\_\_\_

d) The child receives special educational needs support and care at the school and further care is to be provided in grade 5 or 6.

Yes

School: \_\_\_\_\_

Year/grade: \_\_\_\_\_

3. Information required to obtain additional staff, if applicable

3.1 Do you mainly speak German in the family?  Yes  No

3.2 Is the child disabled?  Yes  No

3.2.1 Please state whether you receive one of the following aids and supply copies of the respective documents.

Rehabilitation aid acc. to Sect. 53/54 SGB XII  Yes  No Issuing authority/reference no.:

Rehabilitation aid Valid until:

acc. to Sect. 35a SGB VIII?

Please also state whether (possibly temporary) need for additional educational staff and if yes for how many has been assessed due to a disability or the risk of a disability of the child.

Need for additional educational staff assessed?  Yes  No

4. Reasons for the application for additional special needs support and care

4.1 Work/training of the parents or care person(s) living with the child

	Mother/care person	Father/care person
Do you work/ are you in training? (e.g. study course, vocational training, qualification scheme, - please supply proof)	<input type="checkbox"/> in work <input type="checkbox"/> in training	<input type="checkbox"/> in work <input type="checkbox"/> in training
Working/training time	from ....to hrs	from ....to hrs
Commuting time - total — (daily)	hours	hours

4.2 Do you intend to start work/training and therefore need care for the child outside of the reliable half-day school hours?

	Mother/care person	Father/care person
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state exact reasons		

4.3 Are there any other educational, social or family reasons for the requested care?  
Yes, these are (please state in brief)

---

- 4.4 Does the child permanently live with other persons (care persons)?  Yes     No
- 4.5 Do you live with your child in an accommodation for homeless people or in another emergency/collective accommodation? (home for refugees/immigrants)  Yes     No

5. Information on the care times requested

I/We request the following care times (including holidays)

A fee is charged for the additional special educational needs support and care \*)

(Please also consider your commuting time)

- 06.00 a.m. to 07.30 a.m.
- 1.30 p.m. to 4 p.m.
- 1.30 p.m. to 6 p.m.
- 6.00 a.m. to 8.00 a.m.\* only for pupils at Förderzentren für geistige Entwicklung [support centres for mental development]
- 3.00 p.m. to 4.00 p.m.\* only for pupils at Förderzentren für geistige Entwicklung [support centres for mental development]
- 3.00 p.m. to 6.00 p.m.\* only for pupils at Förderzentren für geistige Entwicklung [support centres for mental development]
- beyond 6.00 p.m. (Please note: If a need has been assessed the care will be provided at a Kindertagespflegestelle [day care centre for children]). Please state reasons for this particular need:

- I only need care during the holidays corresponding to the times of the reliable half-day school from 7.30 a.m. to 1.30 p.m. (fee charged)
- If my/our child attends a compulsory all-day school I need care during the holidays from 7.30 a.m. to 4.00 p.m. (fee charged).

6. Information on your income

Please fill in the separate form "Erklärung für die Festsetzung der Beteiligung an den Kosten zur ergänzenden Förderung und Betreuung von Schülerinnen und Schülern" [Declaration for determining the share in the costs for additional special educational needs support and care for pupils]

If you do not state the necessary details regarding your income the highest share in the costs will be determined.

I/We confirm that the above details are correct and complete.

This data is collected based on Sect. 19 (6), (7) Schulgesetz für Berlin [School Law for Berlin] in conjunction with the Gesetz zur Förderung von Kindern in Tageseinrichtungen und Kindertagespflege (Kindertagesförderungsgesetz — KitaFöG [Act on Special Educational Needs Support for Children in Daycare Facilities]. According to this law

- all facts relevant for the support requested have to be stated,
- the Jugendamt [Youth Welfare Office] may request proof of the validity of the details and can defer the processing of the application until incomplete or false details are completed or corrected,
- the above details may be collected, processed and used by the responsible offices of the Jugendamt and the Schullamt [School Office] for the purposes of checking where a place is available and for planning. For planning purposes and statistical evaluations the data collected has to be anonymised.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Applicant)

Please note: We recommend that you keep a copy of this application for yourself.

*This form has been translated for your information only. Please fill in the German form in the German language.*