|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lfd. Nr. | Name  der Schülerin/des Schülers | Vorname | | Anschrift\*) |
|  | |
| Jungen | Mädchen |
| 1 |  |  | |  |
| 2 |  |  | |  |
| 3 |  |  | |  |
| 4 |  |  | |  |
| 5 |  |  | |  |
| 6 |  |  | |  |
| 7 |  |  | |  |
| 8 |  |  | |  |
| 9 |  |  | |  |
| 10 |  |  | |  |
| 11 |  |  | |  |
| 12 |  |  | |  |
| 13 |  |  | |  |
| 14 |  |  | |  |
| 15 |  |  | |  |
| 16 |  |  | |  |
| 17 |  |  | |  |
| 18 |  |  | |  |
| 19 |  |  | |  |
| 20 |  |  | |  |
| 21 |  |  | |  |
| 22 |  |  | |  |
| 23 |  |  | |  |
| 24 |  |  | |  |
| 25 |  |  | |  |
| 26 |  |  | |  |
| 27 |  |  | |  |
| 28 |  |  | |  |
| 29 |  |  | |  |
| 30 |  |  | |  |
| 31 |  |  | |  |
| 32 |  |  | |  |
| 33 |  |  | |  |
| 34 |  |  | |  |
| 35 |  |  | |  |
| 36 |  |  | |  |
| 37 |  |  | |  |
| 38 |  |  | |  |

\*) sofern zulässig

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Telefon | | Geburtstag | | | | |  |  | Eintritt  Abgang |
| zu Hause | evtl. bei Unfall verständigen | Tag | Monat |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |