

# Englisch

## Individual registration for test person

The following form fields must be filled in with your data.

Test person is                      pupil                      Teacher

Name of the test person                      First name                      last name

Date of birth of the test person                      day month year

Gender                      female                      male                      diverse

Street and house number                      Street                      house number

Postal code and city                      Postal code                      city

Phone number

e-mail

Barcode

Repeat barcode

Security code from the instructions

Parents or legal guardians have given their consent for persons under 16 years of age

I consent to the digital transmission of the data I have provided in accordance with Art. 6 Abs 1 S. 1 lit a.

## Einzel-Registrierung für Testperson

Testperson ist                       Schüler                       Lehrer

Name der Testperson                                           

Geburtsdatum der Testperson                     

Geschlecht                       weiblich                       männlich                       divers

Straße & Nr.                                           

PLZ / Ort                                           

Telefonnummer                     

E-Mail                     

Barcode                     

Barcode kann nicht kopiert werden!

Barcode wiederholen                     

Sicherheitscode                     

Zustimmung der Eltern oder Sorgeberechtigten bei Personen unter 16 Jahren wurde erteilt

Ich willige der digitalen Übermittlung der von mir bereitgestellten Daten nach Art. 6 Abs 1 S. 1 lit a ein.

After you have pressed "Confirm", you will receive a list of your data and the test has been registered.

If you have any questions, please contact your school coordinator.