

APPLICATION FOR ADMISSION

Page 1 of 3

GENERAL INFORMATION: (please print clearly)

STUDENT

Name: _____ Application for Grade: ____ School Year: ____
Gender (m/f): _____
Country/ies of Citizenship: _____ Date of Birth: Day ____ Month ____ Year ____
Place and Country of Birth: _____ Social Insurance No.: _____
Address: _____

Religious Confession: _____
(By writing your child's religion confession, he/she will be obligated to attend the religious education lesson)

MOTHER/GUARDIAN

Title: _____ Name: _____
Country/ies of Citizenship: _____
Private Address (if different from STUDENT): _____
Mobile: _____ Work Tel: _____
Private E-mail: _____
Occupation: _____ Employer: _____

FATHER/GUARDIAN

Title: _____ Name: _____
Country/ies of Citizenship: _____
Private Address (if different from STUDENT): _____
Mobile: _____ Work Tel: _____
Private E-mail: _____
Occupation: _____ Employer: _____

FAMILY SITUATION AND EMERGENCY CONTACT

Child lives with: _____

Emergency Contact (if parents/guardians are not available)

Name: _____

Telephone: _____ Relationship to child: _____

PREVIOUS SCHOOLS ATTENDED

School Name	City and Country	From (date)	To (date)	Grade/Class

Reason for leaving most recent school: _____

STUDENT HEALTH INFORMATION

Does he/she take medication on a regular basis? Yes / No If YES, please give details:

Is the student allergic to any drugs, medicine, foods, etc.? Yes / No If YES, please give details:

Are you aware of any learning support needs (e.g. dyslexia)? Yes / No If YES, please give details:

Does the student have any dietary restrictions? Yes / No If YES, please give details:

Is there any reason he/she cannot participate in sports? Yes / No If YES, please give details
and please supply a doctor's certificate stating the reason:

Please provide in detail any other health concerns of which we should be aware:

Page 3 of 3

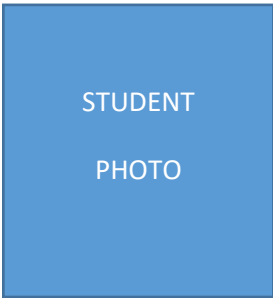
The school cannot give medicines, including aspirin, etc

In case of emergency, you will be contacted as quickly as possible. In the meantime, since the school stands *in loco parentis*, the school staff will act in the best interests of your child.

Please attach a recent student photo:

The school also requires a copy of the student passport/ID and that of the parents/guardians. Please attach these to the application form.

Recent reports, transcripts, and results of any educational or psychological tests must be attached to this application, as well as one recent passport-sized photos.



LINGUISTIC / CULTURAL PROFILE

Native Language(s) – the language(s) associated with the student’s heritage and culture, even if it is not the student’s best language: _____

The school may be able to arrange Mother Tongue lessons (at extra cost). Would you be interested? Yes / No

Which language(s) is/are spoken at home?

Mother: _____ Father: _____

Sisters/Brothers: _____ Au-Pair/Babysitter: _____

What was the language of instruction in the student’s previous schools? _____

Which countries has the child lived in and for how long? _____

If there is anything else about the student’s linguistic/cultural background you think we should know, please write it here.

CONDITIONS OF ADMISSION AND ATTENDANCE

I understand and accept the financial policies and requirements of International School Carinthia.

I understand and accept my responsibility in supporting the school’s stated vision, mission, and aims.

I understand and accept that parents play an important role in ensuring their child abides by school rules and requirements.

I understand and accept that the school acts in loco parentis, and I hereby authorize the school to take appropriate action in the event of an emergency.

I understand that the school may contact my child’s previous school(s) for reports, and I give permission for these to be obtained (I may also be required by my child’s previous school(s) to authorize this).

I understand that the enrollment fee of 400€ must be paid within 14 days of the offer of a place or in any case before commencement. If no enrollment fee is paid, then the place may be offered to another child.

Date and Location

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Please return this application to:

International School Carinthia, Rosentaler Straße 15, 9220 Velden, Austria

Telephone: 0043 (0)4274 – 5247110

Fax: 0043 (0)4274 – 5247199

Email: office@isc.ac.at