

APPLICATION FOR ADMISSION

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GENERAL INFORMATION: (please print clearly)

STUDENT

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

MOTHER/GUARDIAN

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

FATHER/GUARDIAN

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

FAMILY SITUATION AND EMERGENCY CONTACT

Child lives with: _____

Emergency Contact (if parents/guardians are not available)

Name: _____

Telephone: _____ Relationship to child: _____

OTHER CHILDREN IN THE FAMILY

	1 st Child	2 nd Child	3 rd Child	4 th Child
First Name				
Date of Birth				
Present School				

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:

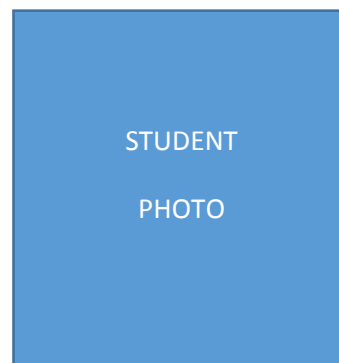
Please complete the following table and **attach a copy of the child’s immunization records:**

IMMUNIZATIONS	DATE	RESULT	BOOSTER DATE
Tuberculin Skin Test			
Tuberculosis			
Measles, Mumps, Rubella (MMR)			
Diphtheria			
Tetanus			
Polio			
HIB			
Tick Shot			
Hepatitis A and B			
Whooping Cough			

The school cannot give medicines, including aspirin, etc., except under the direct supervision of a doctor.

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 two 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? _____

Which cultural or religious festivals do you celebrate? _____

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 parent and student data will be stored and used as part of regular school procedures.

I understand and accept that images of my child may be used in school publicity materials.

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 350€ 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