

Registration form Years 1/2/3

PLEASE WRITE IN CAPS AND SEND TO OFFICE@SALIS.OR.AT BY 22 DEC 2017

Applicant					
Family name:					male 🔿
Given name(s):					female ()
DOB/Place of Birth/Country:					
Citizenship(s):	⊖Austrian	\bigcirc	Other:		
Religion:	○ Roman Catholic○ Other:	С	Protestant	⊖ Islam	
Everyday language(s):	Mother tongue:			Other:	
Social Insurance Number:					

Legal Guardian(s)	
Full name & date of birth Title:	
Relation to child:	
Postcode, city:	
Street:	
Phone (land):	
Phone (mobile):	
Email:	
Employer:	

O I agree to the publishing of photos of my child (school webpage, print media).

O I agree that personal data will be processed electronically as part of the registration process during the admission procedure. Following the admission procedure all data will be deleted by the Salzburg Education Authority.

I HEREWITH CONFIRM THAT ALL GIVEN DATA IS CORRECT AND TAKE NOTICE OF MY DUTY TO INFORM THE SCHOOL ABOUT ANY CHANGES OF THE STANDING DATA AS LISTED ABOVE.

Primary school/City:								
Last report from		(date)		Grades				
Native language								
Mathematics								
English								
German skills								
Please describe your level								
🔿 beginner	○ beginner ○ advanced							
Obligatory Craft course at SALIS du	ring	voars 1 and 2.						
Please choose one!	ing	years rand 2.						
○ Technical-based	○ Textile-based							
	\cup							
After-school care required?								
⊖Yes	⊖ No							
Siblings currently enrolled at SALIS?								
Yes:								
Comments:								
comments:								
Pre-registration on								

Final registration on

Signature Legal Guardian

Please bring to school:

○ Last school report (original and one copy)

○ Birth certificate

○ Passport copy

○ E-card (if available)