



SALZBURG
INTERNATIONAL
SCHOOL

Registration form Year 1

PLEASE WRITE IN CAPS AND SEND TO OFFICE@SALIS.OR.AT BY 18 DEC 2015

Applicant

Family name:				male <input type="radio"/>
Given name(s):				female <input type="radio"/>
DOB/Place of Birth/Country:				
Citizenship(s):	<input type="radio"/> Austrian <input type="radio"/> Other:			
Religion:	<input type="radio"/> Roman Catholic <input type="radio"/> Protestant <input type="radio"/> Islam <input type="radio"/> Other:			
Everyday language(s):	Mother tongue:		Other:	
Social Insurance Number:				

Legal Guardian(s)

Full name:

Title:

Relation to child:

Postcode, city:

Street:

Phone (land):

Phone (mobile):

Email:

- I agree to the publishing of photos of my child (school webpage, print media).
- 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
<input type="radio"/> beginner <input type="radio"/> advanced

Obligatory Craft course at SALIS during years 1 and 2: Please choose one!
<input type="radio"/> Technical-based <input type="radio"/> Textile-based

After-school care required?
<input type="radio"/> Yes <input type="radio"/> No

Siblings currently enrolled at SALIS?
<input type="radio"/> Yes: _____ <input type="radio"/> No

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)

