



SALZBURG
INTERNATIONAL
SCHOOL

Registration form Years 1/2/3/4/5/6 for 2020/21

PLEASE WRITE IN CAPS AND SEND TO OFFICE@SALIS.OR.AT BY 21 DEC 2019

| 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 & date of birth Title: | | |
| Relation to child: | | |
| Postcode, city: | | |
| Street: | | |
| Phone (land): | | |
| Phone (mobile): | | |
| Email: | | |
| Employer: | | |

- 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: |
|-----------|

Signature Legal Guardian

- Please bring to school:**
- Last school report (original and one copy)
 - Birth certificate
 - Passport copy
 - E-card (if available)