



Gersthofer Str. 131
1180 Vienna
AUSTRIA

APPLICATION FORM

Please fill in one application form per child

The application will be accepted by the admissions office with the following documents

- Copy of your child's passport/ID
- Copy of your child's health insurance card
- Copy of your child's vaccination record
- Copy of recent school report (if applicable)

This field will be filled in by the admissions office.

Name	
Age Group	
Admission Date	
Start Date	

Personal Details of Child

Name(s) and Surname	
Date of Birth (DD/MM/20YY)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Nationality	Citizenship(s)
Place of Birth	
Social Security No.	Private Insurance (if applicable)
Address	
Telefon No.	MA10 Kindergarten-customer No.
Language(s) spoken at home	
The child is living in the same household with <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	
Sibling(s) Name and Date of Birth	
Requested Date of Entry	

Details of Parents/Legal Guardians

	Parent	Parent
Surname		
Name		
Nationality		
Date of Birth		
Language(s) spoken		
Address if different from child's		
Telephone No.		
Mobil No.		
Employer		
Work Address		
Position		
Email		

Emergency Contacts (other than parents)

Name	Relation	Telephone No.

People authorised to collect child from school (other than parents)

Please provide a copy of ID for the people mentioned below

Name	Relation	Telephone No.

Information about Child

Level of English				
<input type="checkbox"/> Beginner	<input type="checkbox"/> Basic	<input type="checkbox"/> Confident	<input type="checkbox"/> Fluent	<input type="checkbox"/> Mother Tongue
How many years of learning English (if not native speaker)				

Previous School Attended

From	To
Name of School	
School Address	
Contact Person	
Email	Telephone No.

Educational Needs

It is important to have as much information as possible about your child's needs before starting school in order to ensure their transition/orientation is as smooth as possible.

Has your child played with other children in a pre-school setting?	Yes	No
Does your child sleep in a separate room from you or anyone else?	Yes	No
Does your child have any other difficulties i.e. separating, screaming, hitting, biting, pushing, toilet, etc.	Yes	No
If yes, what kind:		
What activities does your child particularly like doing?		
How would you describe your child's personality?		
When your child meets new people or looks worried, are there any special words that you use to comfort or relax him?		
Are there any special toys that comfort your child?	Yes	No
If yes, please list them:		
Are there any fun games or routines you use to make your child feel happy when she/he feels unhappy or worried?		

Has your child experienced any difficulties at previous nurseries/preschools? For example, problems with separating from parents, learning difficulties, behavioural issues or social difficulties?	Yes	No
If yes, please provide more information here:		
Has your child been to any specialist either inside or outside of school? For example, Psychologist, Speech and Language Therapist, Occupational Therapist, other?	Yes	No
If yes, please provide more information and/or copies of reports.		
Has your child been diagnosed with one of the following? Please tick the box if applicable for your child.		
Speech, language and communication needs.		
Hearing Impairment		
Visual Impairment		
Autistic Spectrum		
Attention Deficit Disorder (ADD)		
Attention Deficit Hyperactivity Disorder (ADHD)		
If you ticked any above, please include copies of relevant reports or provide more information if no reports are available.		

Does your child have any other issues which may affect her/his learning or settling into school?	Yes	No
If yes, please provide more information here:		

I hereby confirm that the above provided information is true, correct and complete. I am aware that it is my responsibility to inform the school should any of the information change.

Parent/Guardian Signature Date

Parents Involvement

Would you like to be interested to be involved in school life	Yes	No
If yes, specify in wich area <input type="checkbox"/> Reading with children <input type="checkbox"/> Accompanying on trips <input type="checkbox"/> Preparing school events <input type="checkbox"/> Preparing social events		

Responsibility for School Fees and Payments

Registration Fee Payments	<input type="checkbox"/> Both parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Company
Tuition Fees Payments	<input type="checkbox"/> Both parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Company
After School Clubs or School Trips	<input type="checkbox"/> Both parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Company

In case the payments of fees will be made by one of the parents or both parents, we issue the invoice to the address above.

In case the company is responsible for the payments of fees, please fill in the following details.

Company Name	
Contact Person	
Address	
Sales Tax Identification No. (UID-Nr.)	
Telephone	
Email	

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Parent/Guardian Signature Date