

APPLICATION FORM



ST. GILGEN INTERNATIONAL SCHOOL
AUSTRIA

APPLICANT INFORMATION									
Family Name					First Name(s)			Sex	M <input type="checkbox"/> F <input type="checkbox"/>
Proposed date of entry			Applying for	<input type="checkbox"/> Boarding	<input type="checkbox"/> Day Student	Age at entry	yrs	months	
Date of Birth (d/m/y)			Country of Birth			Nationality			
Country of Residence			First Language (mother tongue)						
Other languages spoken	1.		For	years	2.		For	years	
Current written and spoken English level			<input type="checkbox"/> Fluent		<input type="checkbox"/> Intermediate		<input type="checkbox"/> Beginner		
Religion			Number of:	Brothers		Ages		Sisters	
									Ages

PARENT / GUARDIAN INFORMATION			
	Mother	Father	Guardian (if different to parent)
Relationship to child			
Title			
Family Name			
First Name			
Nationality			
Home address			
Occupation			
Name of Employer			
Telephone (home)	+	+	+
Telephone (work)	+	+	+
Telephone (mobile)	+	+	+
Email (will be used for school communication)			
Child lives with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible for paying school fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English spoken	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

ADDITIONAL EMERGENCY CONTACT							
Please provide details of an additional contact if parents are unreachable in the event of an emergency							
Title:		Family Name	First	name		Relationship to child:	
Telephone number 1	+	Telephone number 2	+	Email address		English spoken	Y <input type="checkbox"/> N <input type="checkbox"/>

EDUCATION HISTORY					
Form or Grade completed before StGIS entry:					
StGIS require reports from the last 3 years.					
1.Current School (name)		Address:		Country	
Attended from (month and year)		To (month and year)		Reason for leaving:	
School Report attached to this application (in English)			Y <input type="checkbox"/>	N <input type="checkbox"/>	Give reason if not attached
2.Last School (name)		Address:		Country	
Attended from (month and year)		To (month and year)		Reason for leaving:	
School Report attached to this application (in English)			Y <input type="checkbox"/>	N <input type="checkbox"/>	Give reason if not attached
3.Previous School (name)		Address:		Country	
Attended from (month and year)		To (month and year)		Reason for leaving:	
School Report attached to this application (in English)			Y <input type="checkbox"/>	N <input type="checkbox"/>	Give reason if not attached
Has your child ever been expelled from any school before?			Y <input type="checkbox"/>	N <input type="checkbox"/>	If Yes, please provide full explanation and attach to this application
Has your child ever been suspended from any school before?			Y <input type="checkbox"/>	N <input type="checkbox"/>	
					<input type="checkbox"/> Attached
					<input type="checkbox"/> Attached

DEVELOPMENTAL INFORMATION					
Was there any delay in your child's gross or fine motor skills development (e.g. bike riding or scissor use)?	Y <input type="checkbox"/>	N <input type="checkbox"/>	If Yes, please provide full explanation and attach to this application		<input type="checkbox"/> Attached
Was there any delay in your child's mother tongue language development?	Y <input type="checkbox"/>	N <input type="checkbox"/>			<input type="checkbox"/> Attached
Has your child undergone a Psychological assessment or other IQ testing?	Y <input type="checkbox"/>	N <input type="checkbox"/>			<input type="checkbox"/> Attached
Does your child have any specific learning needs?	Y <input type="checkbox"/>	N <input type="checkbox"/>			<input type="checkbox"/> Attached
Has your child received any additional education support?	Y <input type="checkbox"/>	N <input type="checkbox"/>			<input type="checkbox"/> Attached

SICKNESS RECORD	
Please indicate how many whole school days your child has missed within the last academic year	

ADDITIONAL INFORMATION					
Interests and hobbies:					
Sports played	1		Played for (yrs)		Level achieved (e.g school or area team)
	2				
	3				
Musical instrument played	1		Played for (yrs)		Level achieved
	2				
	3				
Any awards achieved (e.g Duke of Edinburgh, debating etc)					

DOCTOR AND MEDICAL INSURANCE INFORMATION

Name of Family Doctor		Telephone	+
Address			Country
Students from the European Union are covered with their European Health Insurance Card (EHIC); however parents are recommended to check the cover. It is not a travel health policy.		Student's Austrian E-card Number	Expires
		Student's European Health Insurance Card Number	Expires
Students from outside the EU are required to have private medical and dental insurance			
Does your child have medical/dental insurance?	<input type="checkbox"/> Yes Give details below. A copy of the policy will be requested following a successful application	<input type="checkbox"/> No	If student is from outside of the EU, you must arrange this or request the School send you information
Insurance Company		Policy Number	Policy holder Name
Telephone		Expiry Date	<i>Please ensure policy includes dental treatment</i>

MEDICAL HISTORY

Does your child suffer from, or has suffered from any of the following? Please include investigations, diagnosis, dates and any medication. Copies of prescriptions will be requested following a successful application			
Fits, fainting or blackouts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Severe / recurring headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Head injury or trauma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recurrent sore throat or ear problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Glandular Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recurring chest infection or bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Heart condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Digestive illnesses (e.g. irritable bowel disease)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Orthopaedic disorders (e.g. scoliosis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Urinary/Genito-Urinary tract problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Eczema (or similar)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Allergies to medication or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please state allergen and management
Other allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please state allergen and management
Hay fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please include any past operations, congenital abnormalities, genetic disorders, hospital admissions and dietary requirements (for medical reasons only)
Is your child waiting for a referral / investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your child suffered from any of the following?		Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
		Whooping Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
Has your child had any recent contact with contagious or tropical diseases?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Give details and any treatment received:
Has your child suffered from any other contagious or tropical diseases?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Give details and any treatment received:

DENTAL HISTORY

Dental problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please indicate any ongoing treatment and management. To minimize disruption to your child's education please ensure appointments occur during school holidays/exeats
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VISION AND HEARING							
Date of last sight test	Requirements	Glasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Contact Lenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Detail						
Date of last hearing test	Requirements	Hearing Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Detail						

EMOTIONAL AND PSYCHOLOGICAL SUPPORT		
Please provide detail regarding any treatment, management and ongoing support		
Has your child suffered from an eating disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have concerns regarding your child's diet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child received psychological support (counselling or therapy)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child require any additional emotional support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child experienced a family trauma/upset in the last 3 years? (e.g. divorce or bereavement etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IMMUNISATION HISTORY
<p>Following a successful application you will be requested to submit a copy of your child's immunization records (including travel vaccinations). It is School Policy that students are immunised against Tetanus, Pertussis, Diphtheria and Polio. It is recommended that residents within the Salzkammergut region of Austria receive immunisation against TBE (FSME). See www.tbe-info.com (English) or www.zecken.at for more information. Further information will follow a successful application</p>

PARTICIPATION		
Are there any reasons why your child cannot take part in normal school activities? Give details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any reasons why your child cannot take part in outdoor activities such as mountain and water sports? Give details	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CHILD'S UNDERSTANDING OF EDUCATION AND HEALTH NEEDS
Please give details of any information disclosed in this questionnaire that your child is not aware of and to what level and reasons why:

DECLARATION AND SIGNATURE			
I confirm that the information provided here is correct, and that I understand that discovery of false or incomplete information may jeopardise the application or to remain at the school once admitted.			
Signature:		Printed Name in full:	
Relationship to the child:		Date:	Place:

RETURNING THIS APPLICATION FORM			
<p>Please return Application Form via email to v.hambleton@stgis.at or Fax +43 6227 20 259 10 or to Admissions, St Gilgen International School, Ischlerstrasse 13, St. Gilgen 5340, Austria We will be in contact with you regarding an interview with the Headmaster, tour of the school and entrance test.</p>			
Photocopy of passport	<input type="checkbox"/>	Confirmation of payment of Euro 100.00 Application Fee	<input type="checkbox"/>

HOW DID YOU HEAR ABOUT STGIS?				
<input type="checkbox"/> Family	<input type="checkbox"/> Friends	<input type="checkbox"/> School Directory	<input type="checkbox"/> StGIS Publication	<input type="checkbox"/> Internet
<input type="checkbox"/> Agent (give detail)		<input type="checkbox"/> Other (give detail)		

BANK DETAILS
<p>Raiffeisenbank St. Gilgen, IBAN Code: AT76 3505 6000 0005 4924, SWIFT/BIC: RSVAAAT2S056 Account No.: 54 924, BCN: 35056 Please quote your surname with the payment as a reference.</p>



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