

Application Form for Summer Camp 2017



St. Gilgen
International
School
SALZBURG | AUSTRIA

JULY 08TH – JULY 22ND 2017

STUDENT INFORMATION

Family Name	<input type="text"/>
First Name	<input type="text"/>
Birth Date	<input type="text"/>
Boy <input type="checkbox"/> Girl <input type="checkbox"/>	
Postal Address	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Nationality	<input type="text"/>
Native Language	<input type="text"/>
Religion	<input type="text"/>

PARENT/GUARDIAN INFORMATION (also Emergency Information)

Family Name	<input type="text"/>
First Name	<input type="text"/>
Relationship to Student	<input type="text"/>
Home Address	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Phone 1 <small>(include country code)</small>	<input type="text"/>
Phone 2 <small>(include country code)</small>	<input type="text"/>
Email Address	<input type="text"/>

(this is the preferred communication method for all programme related administration)

CONTACT DETAILS DURING SUMMER CAMP

Home Address	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Phone 1 <small>(include country code)</small>	<input type="text"/>
Phone 2 <small>(include country code)</small>	<input type="text"/>

ACADEMIC COURSE CHOICE (Please choose one)

Language & Activities (please select)

<input type="checkbox"/> English	<input type="checkbox"/> Beginner
<i>or</i>	<input type="checkbox"/> Intermediate
<input type="checkbox"/> German	<input type="checkbox"/> Advanced

Are there any outdoor and adventures activities (kayak, cave, rock climb, hike, water ski, swim, cliff jump, MTB) your child can not take part in? If yes, please list:

MEDICAL INSURANCE

All students at Summer Camp must be in possession of their own medical insurance policy prior to attending. In addition, it is advisable to obtain an accident insurance policy. Students from Austria can use their E-Card, whilst students from within the EU may use their European Health Insurance Card (EHIC) for obtaining medical care (some services require payment; parents are advised to check the detail from the issuing country). Students from outside the EU must have private medical and dental insurance.

GENERAL

Has your child ever been suspended or expelled from a school or summer programme? Yes No

Do you and your child understand the behaviour expectations of Summer Camp? (see brochure) Yes No

Can your child swim? Yes No

Students requiring visas must obtain these prior to the Programme. Please contact StGIS if you require advice.

OTHER INFORMATION

Where did you hear about St. Gilgen International School Summer Camp?

MEDICAL QUESTIONNAIRE

Does your child suffer, or has suffered from any of the following? Please give details where necessary.

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Heart Condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Chest Infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Eczema (or similar)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fits or fainting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Severe/recurring headaches	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Allergies to medicines or other (incl. hay fever)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Recurring throat or ear problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Digestive illnesses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Orthopaedic disorders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Tropical or contagious diseases	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your child require additional psychological or learning support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is your child vaccinated against TBE/FSME? <i>(recommended)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are your child's tetanus vaccinations up to date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Year: <input type="text"/>
Does your child wear glasses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your child wear contact lenses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is your child in good health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

DECLARATION

I declare that the information given in this application form is accurate. I understand that my child's place may be withdrawn if this information is false or inaccurate. I agree to the conditions of acceptance and programme expectations outlined in the Summer Camp brochure. I understand that StGIS Summer Camp reserves the right to withdraw a student due to behaviour which is considered inappropriate or in violation of the programme expectations. Such event will result in the withdrawal of any offending student immediately without refund of any portion of the Summer Camp fee. I understand that payment is non-refundable under any circumstance.

Signature of Parent or Guardian

Date

WHAT TO DO NEXT

Email completed form with scanned copy of passport to: summercamp@stgis.at

Deposit payment of 500 Euros must be made payable to bank account as per details below.

Confirmation of a place will follow.

Joining instructions will be issued four weeks prior to the Summer Camp.

Payment details

All payments must be made into our school account. Please use the student's name followed by Summer Camp as the reference.

Bank details

Raiffeisenbank St. Gilgen, 5340 St. Gilgen, Austria
IBAN: AT23 3505 6000 0006 8585
BIC: RVSAAT2S056