

Application Form for Trial Days



St. Gilgen
International
School
SALZBURG | AUSTRIA

Desired Date

STUDENT INFORMATION

Family Name

First Name

Birth Date

Boy Girl

Postal Address

Post Code

Country

Nationality

Native Language

Religion

PARENT/GUARDIAN INFORMATION (also Emergency Information)

Family Name

First Name

Relationship to Student

Home Address

Post Code

Country

Phone 1

(include country code)

Phone 2

(include country code)

Email Address

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

CONTACT DETAILS DURING TRIAL DAYS

Home Address

Post Code

Country

Phone 1

(include country code)

Phone 2

(include country code)

ADDITIONAL INFORMATION

Interests and
Hobbies

Sports played/
Level achieved/
Years played

1.

2.

3.

Musical
Instrument
played/
Level achieved/
Years played

1.

2.

3.

Favourite Subjects
in School

1.

2.

3.

Any Awards
achieved

(e.g Duke of Edinburgh, debating etc.)

MEDICAL INSURANCE

All students at Trial Days 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.

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 I understand that my child's place may be withdrawn if this information is false or inaccurate.

Signature of Parent or Guardian

Date