



Application Form

Applicant Information										
First Name(s) <i>(as on passport)</i>				Family Name(s) <i>(as on passport)</i>				Sex	Male	Female
Proposed date of entry				Applying for	Boarding	Age at entry		Years		
					Day Student			Months		
Date of Birth <i>(d/m/y)</i>				Country of Birth				Nationality		
Country of Residence				First Language <i>(mother tongue)</i>						
Other languages spoken	1.				For	years	2.			
				Fluent			Religion			
				Intermediate						
				Beginner						
Number of siblings		Brothers		Ages		Sisters		Ages		

Parent/ Guardian Information							
	Mother		Father		Guardian (if different to parent)		
Title							
Family Name							
First Name							
Nationality							
Home address Street Town Country							
Occupation							
Name of Employer							
Telephone (home)	+			+			+
Telephone (work)	+			+			+
Telephone (mobile)	+			+			+
e-mail - I authorize this to be my official e-mail address							
Child lives with							
Responsible for paying school fees							
English spoken	Yes	No	Yes	No	Yes	No	

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		
Telephone number 1	+			Telephone number 2	+	Relationship to child	
Email address				English spoken	Yes	No	

How did you hear about St. Gilgen International School?				
Family	Friends	School Directory	StGIS Publication	Internet
Agent (give detail)			Other (give detail)	

Education History

Form or Grade completed before StGIS entry:					
StGIS require academic reports from the last 3 years.					
1. Current School <i>(name)</i>		Address		Country	
Attended from <i>(month and year)</i>		To <i>(month and year)</i>		Reason for leaving	
School Report attached to this application <i>(in English)</i>			Yes	No - Give reason if not attached	
2. Last School <i>(name)</i>		Address		Country	
Attended from <i>(month and year)</i>		To <i>(month and year)</i>		Reason for leaving	
School Report attached to this application <i>(in English)</i>			Yes	No - Give reason if not attached	
3. Previous School <i>(name)</i>		Address		Country	
Attended from <i>(month and year)</i>		To <i>(month and year)</i>		Reason for leaving	
School Report attached to this application <i>(in English)</i>		Yes	No - Give reason if not attached		
Has your child ever been expelled from any school before?	Yes	No	If Yes, please provide full explanation and attach to this application		Attached
Has your child ever been suspended from any school before?	Yes	No			Attached

Developmental Information

Was there any delay in your child's gross or fine motor skills development (e.g. bike riding or scissor use)?	Yes	No	If Yes, please provide relevant documentation, such as IEP (or ILP) and diagnostics.	Attached
Was there any delay in your child's mother tongue language development?	Yes	No		Attached
Does your child have any identified learning needs?	Yes	No		Attached
Has your child undergone a Psychological assessment or other IQ testing?	Yes	No		Attached
Has your child received any additional education at support in their previous school with learning support teachers or had a modified curriculum?	Yes	No		Attached

Sickness Record such as

Please indicate how many whole school days your child has missed within the last academic year	
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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				
Favourite subjects in school	1				
	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.	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 insurance			
Does your child have medical insurance?	Yes	Give details below. A copy of the policy will be requested following a successful application	No If student is from outside the EU, please get in contact with us.
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	Yes	No								
Severe / recurring headaches	Yes	No								
Head injury or trauma	Yes	No								
Recurrent sore throat or ear problems	Yes	No								
Glandular Fever	Yes	No								
Asthma	Yes	No								
Recurring chest infection or bronchitis	Yes	No								
Heart condition	Yes	No								
Diabetes	Yes	No								
Digestive illnesses (e.g. irritable bowel disease)	Yes	No								
Orthopaedic disorders (e.g. scoliosis)	Yes	No								
Urinary/Genito-Urinary tract problems	Yes	No								
Eczema (or similar)	Yes	No								
Allergies to medication or drugs	Yes	No	Please state allergen and management							
Other allergies	Yes	No	Please state allergen and management							
Hay fever	Yes	No								
Other illness	Yes	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?	Yes	No								
Has your child suffered from any of the following?			Measles	Yes	No	Years:	Mumps	Yes	No	Years:
Chicken Pox	Yes	No	Year:				Whooping Cough	Yes	No	Year:
Has your child had any recent contact with contagious or tropical diseases?	Yes	No	Give details and any treatment received:							
Has your child suffered from any other contagious or tropical diseases?	Yes	No	Give details and any treatment received:							

Regular Medication

Does your child take daily/regular medication? If yes: name of medication and dosage	
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Vision and Hearing

Date of last sight test		Requirements	Glasses	Yes	No	Contact Lenses	Yes	No
		Detail						
Date of last hearing test		Requirements	Hearing Aid	Yes	No	Other	Yes	No
		Detail						

Emotional and Psychological Support

Please provide detail regarding any treatment, management and ongoing support

Has your child suffered from an eating disorder?	Yes	No	
Do you have concerns regarding your child's diet?	Yes	No	
Has your child received psychological support (counselling or therapy)?	Yes	No	
Does your child require any additional emotional support?	Yes	No	
Has your child experienced a family trauma/upset in the last 3 years? (e.g. divorce or bereavement etc.)	Yes	No	

Immunisation History

Following a successful application you will be requested to submit a copy of your child's immunization records (including travel vaccinations). It is recommended that students are fully immunised against Tetanus, Pertussis, Diptheria 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

Participation

My child can take part in all school activities?	Yes	No
My child can take part in any outdoor activities such as mountain and water sports?	Yes	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:

Returning this Application Form

Please return Application Form via email to admissions@stgis.at with a scanned passport photo of the applicant or via post.

Postal Address St Gilgen International School Attn.: Admissions Ischlerstrasse 13 St. Gilgen 5340 Austria	Bank Details: Raiffeisenbank St. Gilgen IBAN Code: AT23 3505 6000 0006 8585 SWIFT/BIC: RVSAAT2S056 Account No.: 68 585, BCN: 35056 Please quote your surname with the payment as a reference.
Photocopy of passport	Confirmation of payment of Euro 250.00 non-refundable Application Fee

Relationship to the child

Name and Signature of Parent or Guardian

Name and Signature of child

Date and Place

Date and Place