



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 Day Student	Age at entry		Years 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.		For	years
Current level of written and spoken English				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 educational 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.)						

Medical Insurance Information

Student's Austrian E-card Number		Expires	
Student's European Health Insurance Card Number		Expires	
All students without an austrian E-Card are required to have a 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			Prove of insurance will be requested (Copy of card, etc.)

Medical History

Does your child suffer from any illness? Please include diagnosis and treatment (eg medication, diet ...). Copies of prescriptions will be requested after successful application.			
Fits, fainting or blackouts	Yes	No	
Severe / recurring headaches	Yes	No	
Eating disorder	Yes	No	
Other mental disorder (eg Depression, Anxiety,...)	Yes	No	
Asthma	Yes	No	
Diabetes	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	
Is your child waiting for a referral / investigation?	Yes	No	
Does your child take daily/regular medication? If yes: name of medication and dosage	Yes	No	

Emotional and Psychological Support

Please provide detail regarding any treatment, management and ongoing support			
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 trauma/upset in the last 3 years? (e.g. divorce or bereavement etc.)	Yes	No	

Immunisation History

StGIS require a copy of your child's immunisation records, including travel vaccinations. It is recommended that students have received fully childhood vaccinations.	Yes	No
It is recommended that residents within the Salzkammergut region of Austria receive immunisation against TBE (FSME). See www.ecdc.europa.eu/en/tick-borne-encephalitis or www.zecken.at for more information. My child is already immunised against TBE?	Yes	No
I wish StGIS to arrange TBE immunisation for my child (consent will be requested and parents advised of cost)	Yes	No

Administration of Homely Remedies

Homely Remedies are medicines and treatments that can be bought 'over the counter' from a pharmacy, without needing a prescription. The School Doctor has approved those shown below. Homely Remedies are stored in the Medical Room, Boarding Houses and held by Trip/Activity Leaders. Administration is by the House Staff, School Nurse, Trip/Activity Leader and identified First Aiders following approval from the School Nurse.

Homely Remedies available at StGIS consist of paracetamol tablets, anti-inflammatory gel, throat lozenges, nose spray for colds, herbal cough medicine, bite/sting relief gel, and anti-diarrhoeal probiotic agent. In addition, the School Nurse can also administer anti-diarrhoeal tablets, medicines for gastro-intestinal diseases, anti-allergy medication and Ibuprofen.

I consent to my child receiving homely remedies.	Yes	No
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Consent to Emergency Care (Including Anaesthetic)

StGIS will make every effort to contact parents in the case of a child requiring emergency medical or surgical intervention. In the event of parents not being reached, or an emergency where a decision to treat must be made immediately, the accompanying member of staff may be required to give consent for treatment, including an anaesthetic. The School will act In Loco Parentis in these emergencies. This covers all students (day and boarders) and extends to educational trips, visits and all School activities.

I authorise StGIS to give consent for emergency care for my child during their duration as a student at StGIS.	Yes	No
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Participation

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

Name and Signature of Parent or Guardian

Name and Signature of child

Date and Place

Date and Place