

APPLICATION FOR ADMISSION



GENERAL INFORMATION: (please print clearly)

◆ STUDENT Application for Grade: _____ Application for School Year _____
Surname: _____ First name: _____ Sex (m/f): _____
Nationality/ies: _____ Date of Birth: Day _____ Month _____ Year _____
Social Insurance No.: _____ Place and Country of Birth: _____
Address: _____

Student Telephone: _____ E-mail: _____

◆ FATHER
Title: _____ Name: _____ Nationality/ies: _____
Private Address (if different from STUDENT): _____
Date of Birth: Day _____ Month _____ Year _____
Private Tel: _____ Mobile: _____ Work Tel: _____
Private E-mail: _____ Business E-mail: _____
Occupation: _____ Employer: _____
Work Address: _____

◆ MOTHER
Title: _____ Name: _____ Nationality/ies: _____
Private Address (if different from STUDENT): _____
Date of Birth: Day _____ Month _____ Year _____
Private Tel: _____ Mobile: _____ Work Tel: _____
Private E-mail: _____ Business E-mail: _____
Occupation: _____ Employer: _____
Work Address: _____

◆ FAMILY SITUATION

Child lives with: _____

Emergency Contact (if parents are not available) Name: _____

Telephone: _____ Relationship to child: _____

◆ OTHER CHILDREN IN THE FAMILY

	1 st Child	2 nd Child	3 rd Child	4 th Child
First Name				
Year of Birth				
Present School				

◆ PREVIOUS SCHOOLS ATTENDED

School Name	City and Country	from	to	Class

Reason for leaving most recent school: _____

Recent reports, transcripts and results of any educational or psychological tests **must** be attached to this application as well as two recent photos.

◆ CONDITIONS OF ADMISSION AND ATTENDANCE

I understand and accept the financial policies and requirements of Danube International School Vienna.

I understand and accept my responsibility in supporting the school's stated vision, mission and aims.

I understand and accept that parents play an important role in ensuring their child abides by school rules and requirements.

I understand and accept that parent and student data will be stored and used as part of regular school procedures.

I understand and accept that my contact details will be passed to the representatives of PADIS (Parent Association).

I understand and accept that images of my child may be used in school publicity materials.

I understand and accept that the school acts in loco parentis and I hereby authorise the school to take appropriate action in the event of an emergency.

I understand that the school may contact my child's previous school(s) for reports and I give permission for these to be obtained (you may also be required by your previous school(s) to authorise this).

I understand that the application fee covers the costs of the placement test and the application process and must be paid within 14 days of the application and before the placement test is conducted.

I understand that the enrolment fee and the security deposit must be paid within 14 days of the offer of a place, but in any case before commencement. If no enrolment fee is paid then the place may be offered to another student.

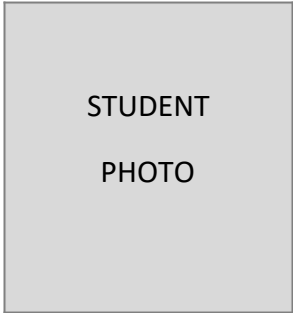
I hereby deregister my child from religion lessons for the duration of my child's stay at DISV.

.....
Date

.....
Signature of Parent/Legal Guardian

.....
Print Name

Please attach a recent student photo:



The school also requires a copy of the student passport/ID and that of the parents / legal guardians. Please attach these to the application form.

LINGUISTIC / CULTURAL PROFILE

- ◆ Native Language(s) – i.e. the language associated with the heritage and culture you come from, even if it is not the student’s best language: _____

The school may be able to arrange Mother Tongue lessons (at extra cost). If you are interested please ask for an application form.

- ◆ Which languages are spoken at home?

Father: _____ Mother: _____

Sisters/Brothers: _____ Au-pair/babysitter: _____

- ◆ Which is the student’s best language? _____

- ◆ Please mark below the languages the student has learnt:

- a) English YES / NO if YES how many years of instruction _____ hours per week _____
- b) German YES / NO if YES how many years of instruction _____ hours per week _____
- c) Spanish YES / NO if YES how many years of instruction _____ hours per week _____
- d) French YES / NO if YES how many years of instruction _____ hours per week _____

- ◆ What was the language of instruction in previous schools? _____

- ◆ Which countries has the student lived in and for how long? _____

- ◆ Which cultural or religious festivals do you celebrate? _____

- ◆ If there is anything else about the student’s linguistic / cultural background you think we should know, please write it here. _____



STUDENT INFORMATION

- ◆ Does he/she take medication on a regular basis? Yes / No If YES, please give details:

- ◆ Is the student allergic to any drugs, medicine, foods, etc? Yes / No If YES, please give details:

- ◆ Is he/she on any special diet? Yes / No If YES, please give details:

- ◆ Is there any reason he/she cannot participate in sports? Yes / No If YES, please give details and please supply a doctor's certificate stating the reason.

IMMUNISATIONS	DATE	RESULT	BOOSTER DATE
Tuberculin Skin Test			
Tuberculosis			
Measles, Mumps, Rubella (MMR)			
Diphtheria			
Tetanus			
Polio			
COVID-19 (please state type of vaccine)			
HIB			
Tick Shot			
Hepatitis A and B			
Whooping Cough			

The school cannot give medicines, including aspirin etc. except under the direct supervision of a doctor. In case of emergency, you will be contacted as quickly as possible. In the meantime, since the school stands in *in loco parentis*, the school staff will act in the best interests of your child.

- ◆ Please detail any other health or student well-being concerns (e.g. depression) of which we should be aware:

- ◆ Are you aware of any learning support needs (e.g. dyslexia, ADHD, motor skills) Yes / No If YES, please give details:
