VIENNA ELEMENTARY SCHOOL-VES

STUDENT'S APPLICATION

Student's Data:

……
Student's Family Name **First Name**

……
Date and Place of Birth **Nationality**

……
Home Address: Street and Number **City** **Zip/Post Code** **State** **Country**

……
Local (Viennese) Address

……
Telecommunication (Phone, Email)

Student's Grade and School History

Grade and year intended to enter: **…….....**

- **Preschool** **Previous school attended by child** **address** **grade** **year**
- **1**
- **2**
- **3**
- **4** **for the 20___ (school year).**

Student's Language Skills

……..
Student's mother tongue **Other language** **Knowledge level (fluent, fair, little)**

Student's Family

Name of Father…… **Name of Mother……..……**

Nationality…….. **Nationality…….**

Occupation/Title…… **Occupation/Title……...**

Telephone…… **Telephone…….**

Email…… **Email……**

Student's Sisters/Brothers (names, ages)……

Billing Address……...

TO APPLY: **Please transfer a non-refundable €650 for your application fee to SKWB Schöllerbank AG, Kto.Nr. 61544022406, BLZ 19200 and fax or mail your application form to Lacknergasse75/Paulinengasse 16, 1180 Vienna, Fax 470 4600 99, Tel. 470 4600**

Date:_____ **Signature of Parent/Guardian:_____**