



VIENNA ELEMENTARY SCHOOL-VES

STUDENT'S APPLICATION

Student's Data:

.....
 Student's Family Name First Name

.....
 Date (DD.MM.YYYY) and Place of Birth Nationality

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

.....
 Local (Viennese) Address

.....
 Telecommunication (Phone, Email)

Grade and year intended to enter:

- Kindergarten (as from age 4)
- Preschool (as from age 5)
- 1
- 2
- 3
- 4 for the 20__ (school year).

Student's Grade and School History:
Previous school attended by child address grade 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 €760 for your application fee to SKWB Schöllerbank AG, IBAN Kto. Nr.: AT10 1920 0 61544022406, BLZ 19200 and fax or mail your application form to Lacknergasse75/Paulinengasse 16, 1180 Vienna, Tel. 470 4600

Date: _____ Signature of Parent/Guardian: _____