Pupil registration form

Pupil

Тирп	
Surname:	
First name:	
Date of Birth:	Place of Birth:
County/Region:	Nation:
Nationality/Citizenship:	First language:
Religion:	
Medical Contact:	Social Insurance Number
Parents/Guardian in Law	
Father: (Title, Name):	
Profession:	
Phone:	
E-Mail:	
Permanent Address:	
Mother (Title, Name):	
Name of Birth:	
Profession:	
Phone:	
E-Mail	
Permanent Address:	
The pupil lives with: his parents/his father/his mot	her.
Legal guardian: (Name, Codes of Documents)	
Pre-School:	
Name of Preschool/Kindergarten	Start (year):
Start of compulsory school attendance (year):	
Siblings: (Name, year of birth)	
Additional comment:	
Accepted: (date)	as
	o regular student
	 irregular student
Accepted as student/pupil for the preschool-class.	·
with the Austrian Law but not physical/social/men	tal prepared to attend regular first grade)

Questionaire

Please help us with our daily routine work in school:

My child is allowed to attend additional lessons, if necessary.

yes	no
0	0

I allow the use of photos and names for the school-homepage.

yes	no
0	0

I allow the attendance of my child on field trips to fulfil lesson plan and hiking tours (according to legal lesson plan).

yes	no
0	0

I allow outdoor-sport-lessons.

yes	no
0	0

My child has medical vaccination for tick-bites.

yes	no
0	0

I did receive and accept the house roules...

yes	no
0	0

I agree, that my child will receive iodine tablets in case of radioactive emergency situations.

yes	no
0	0

Mondsee, (date) _____ Signature of guardian: _____