

APPLICATION HIGH SCHOOL PROGRAMME

ActiLingua Academy

Wattmannngasse 15, A-1130 Wien, Austria

Tel. +43-1-877 67 01, Fax +43-1-877 67 03; www.actilingua.com, e-Mail: info@actilingua.com

Personal Information:

Surname: _____ First name: _____

Mother tongue: _____ Date of birth: _____ o male o female

Street: _____

Post code: _____ Town: _____ Country: _____

Nationality: _____ E-Mail: _____

Tel. (private): _____ Tel. 2/Fax: _____

Religion: o Roman Catholic o Protestant o others Baptized: o yes o no

Father's name: _____ Mother's name: _____

Profession of parent or legal guardian: _____

Previous knowledge of German/ previous schooling:

Have you studied German before? o Yes o No If yes, for how long: _____

Do you class yourself as: o Absolute beginner o Beginner with some basic knowledge

o Basic student o Intermediate student o Advanced student

Which school do you attend in your country: _____

School address: _____

What year are you in: _____ Expected date of school leaving exam: _____

How long have you studied the following languages: o Latin _____ years o English _____ years

o French _____ years o Russian _____ years o others: _____

Course Information:

I wish to enrol in: o High school programme 1 o High school programme 2

Duration (in weeks): _____ (weeks)

Beginning of course: _____ (day) _____ (month) _____ (year)

End of course: _____ (day) _____ (month) _____ (year)

High School:

Beginning of high school: _____ (day) _____ (month) _____ (year)

End of high school: _____ (day) _____ (month) _____ (year)

Type of school: o Secondary school o Secondary school with scientific bias

o Secondary school with a bias towards economic studies

Preferred region: o Vienna o Salzburg o others: _____

I wish to start my school attendance in Austria in the following year:

17-18 years: o 10th year o 11th year o 12th year (school leaving exam)

16 years: o 9th year o 10th year

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Why would you like to attend school in Austria (short description):

Special requests concerning high school placement: _____

Accommodation (for the period of the German course):

I should like ActiLingua to reserve the following type of accommodation:

- host family school residence student apartment
 half board full board
 single room double room more-bedded room

Special requests:

Diet/allergy? yes no If yes, please specify: _____

I am a smoker: yes no

Special requests concerning accommodation: _____

Transfer:

Transfer on arrival yes no Arrival at: _____

Day of arrival: _____ Arrival time: _____ Flight/ train no.: _____

Insurance:

Cancellation insurance: yes no

Health- and accident insurance: yes no Duration: _____ weeks

I enclose the following **documents**:

- Copy of the school report of the last school year completed in the home country, stating subjects and grades (in German translation)
- Copy of birth certificate
- Copy of certificate of nationality

I hereby state my acceptance of the terms.
I enclose a copy of confirmation of payment of the deposit.

Agency
(not to be filled in by client)

Date and signature
(for minors a parent or guardian)