



Application Form Gymnasium

1 Student's Personal Data

Last name

First (Middle) name

Preferred name

Sex

Male

Female

Mobile

Date of birth

T

M

J

E-Mail

Nationality

Mother tongue

Place of birth

Religious denomination

2 School History

Formerly attended schools (from / until / name and place of school / grade(s) / type (e.g. primary school))

3 Language Skills

According to Common European Framework of Reference for Languages (CEFR):

A: Basic user, B: Independent user, C: Proficient user

German

English

French

Else

4 Parents' Personal Data

Mother

Father

Last name

Last name

First name

First name

Address

Address

ZIP Town

ZIP Town

Country

Country

Phone Home

Phone Home

Office

Office

Mobile

Mobile

E-Mail

E-Mail

Profession

Profession

Religious Denomination

Religious Denomination

Married

Separated

Divorced

Widowed

5 Child Custody

Who holds the custody?

Father and mother

Mother

Father

Other

If different: Personal data of legal guardian(s)

Last name

First name

Address

ZIP Town

Country

Profession

Phone Home

Religious Denomination

Office

E-Mail

Mobile

6 Information

Postal address (letters, reports etc.)

- Mother Father Legal guardian(s)
 Others (please provide address data)

Last name

Billing address

- Mother Father Legal guardian(s)
 Others (please provide address data)

First name

Address

ZIP

Town

7 Insurance

Accident (company and agency)

Sickness (company and agency)

Personal liability (company and agency)

8 Entry Gymnasium

School year 20 ___ / ___

Grade 7 8 9 10 11

Subject choice Gymnasium

Arts (grade 9 and above)

- Visual Arts Music

Specialized subject (grade 10 and above)

- Latin Physics & Applied Mathematics Economics & Law

Complementary subject (grade 11 and above)

- Chemistry Religious Studies

9 Weekend Boarding (additional cost see fee overview)

- No Yes

10 Learning Deficiencies

Does your child suffer from a learning deficiency (Dyslexia, AD(H)D etc.)?

- No Yes

_____ (Please provide copies of medical reports.)

11 Health

Vaccinations

With entry, please provide a copy of the vaccination card.

Allergies

Existing allergies?

No Yes _____

What is the allergic response (rash, respiratory distress, unconsciousness etc.)?

Medication

Does your daughter / son regularly take medicine?

No Yes _____

Existing diseases

Does your daughter / son suffer from an existing disease (e.g. asthma, heart, kidney, or liver disease, epilepsy etc.)?

No Yes _____

Additional remarks about the state of health

12 General Information

Siblings (name and year of birth)

Extracurricular activities

In what extracurricular activities is / was your daughter / son involved (clubs, community work etc.)?

Personality

Which are your daughter's / son's strengths, weaknesses, and interests?

Strengths

Weaknesses

Interests

Referees

Please provide the contact information of two people (e.g. teacher, trainer etc.) who know your daughter / son very well.

13 Reasons for the Application

How did you learn about our school?

- Family tradition Recommendation Website Advertisement

What are your main reasons for choosing Stiftsschule Engelberg? (Multiple answers possible)

- School's philosophy and objectives Boarding facilities
 International Baccalaureate Bilingual Matura

Other reasons

14 Attachments

With application

- Proof of insurance (see attachment)

Additionally for foreign citizens

- Residence permit (if available), copy of passport, one photo, proof of health insurance

With entry

- Consent form photos
 Copy of the vaccination card
 Measles prevention form
 Copies of the last two grade reports

We hereby confirm having filled in this application form completely and truthfully and not having withheld any important information.

Place and date

Signature of mother / legal guardian

Place and date

Signature of father / legal guardian