



**american international school**  
SALZBURG · AUSTRIA

**Student Application Form**



Instructions:

1. Attach a photograph and fill out this form completely.
2. Request that your present, or most-recent English and mathematics teachers fill out the teacher recommendation forms and send them directly to our school.
3. Send complete transcripts of your current and previous school years.
4. Payment of € 75.- (application fee). Beneficiary:  
The American International School-Salzburg  
Raiffeisenverband Salzburg  
Moosstrasse 13, A-5020 Salzburg, Austria  
BIC: RVSAAT2S  
IBAN: AT84 3500 0000 0814 5054

**Important Notice:** The submission of this application form containing your personal data requires your specific consent through signature at the bottom of the form. By giving your consent, you agree to grant AIS-Salzburg the authority to collect, process, and store the personal data provided within the guidelines of the General Data Protection Regulations (DGPR 2016/679) of the European Union.

**Student Details**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Gender: M/F: \_\_\_\_\_ Date of Birth: (D) \_\_\_\_\_ (M) \_\_\_\_\_ (Y) \_\_\_\_\_  
 Nationality: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Parent/Guardian Details**

**Mother**  
 Full Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Father**  
 Full Name: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Guardian info \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Desired Status	Desired Grade Level
<input type="checkbox"/> 7-Day Full Boarder	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<input type="checkbox"/> 5-Day Boarder	<input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
<input type="checkbox"/> Day Student	<input type="checkbox"/> Postgraduate

**Details of Former School**

Name of School: \_\_\_\_\_ Grades attended: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Name of Head: \_\_\_\_\_ Name of Counselor: \_\_\_\_\_  
 Years of Enrollment: \_\_\_\_\_ Most recent grade level: \_\_\_\_\_

# Personal Statements

Student's Name

Please answer each of the following questions in your own words.  
Your honest responses are an important element of our considerations.

**1 What prompts you to apply to our school?**

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**2 What reading have you enjoyed most in the past years?**

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**3 What free-time activities do you enjoy the most?**

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**4 What are your plans for university studies?**

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