



Parent Permission Forms
for
Full and 5-Day Boarding Students

2022-2023

This packet of forms includes a number of statements of permission, allowance and essential information which is required for the enrollment of all resident students. All of these forms should be read carefully, discussed with the administration as necessary, and signed, returned and filed with the AIS-Salzburg office staff.

Failure to return these forms, properly signed and filled out, will compromise a student's enrollment and freedom of movement while they are under our care. Therefore, all of these forms should be received by the AIS-Salzburg administration before enrollment begins or—at the latest—upon arrival at the school to begin enrollment.

Thank you for your assistance.

Name of Student *(Please print clearly):* _____

Enrollment Form 1: *Child Protection Agreement*

The administration and staff of the American International School-Salzburg take child protection very seriously. Not only is this required by law here in Austria and the European Union, but child protection standards represent a necessary foundation of safeguarding, protection and support that is the basis for a successful, respectful and safe school year at AIS-Salzburg for all members of our community.

Child protection is an overarching concept that governs and sets the parameters required to provide a safe, secure and respectful environment in our school community. At AIS-Salzburg, there is no higher priority than to keep the young people enrolled here secure and free from maltreatment of any kind. To this end, the school administration, teaching faculty, resident-care staff and non-teaching staff members have developed a child-protection policy which is embedded within our mission and beliefs and governs all relationships within our community—relationships that are intended to provide a respectful, compassionate and caring climate that all can agree with and help maintain.

Fundamentally, the AIS-Salzburg Child Protection Policies and Procedures ensure three things:

- 1. Safeguarding** Proactive implementation of child protection measures throughout the school and by all members of the staff and all aspects of programming. Effective child protection can only be maintained following required training of our staff members and the understanding of all applicable laws and ordinances relevant to this issue. This is the basis for the establishment of a reliable condition of security and safety for our AIS-Salzburg community members.
- 2. Protection** Protection entails the active reporting, recording and further actions and procedures carried out which ensure that child protection standards of care are defended at AIS-Salzburg and enforced with determination and adequate professionalism at all times.
- 3. Support** Incidents of abuse, maltreatment, neglect or abuse mandate a high level of support be provided the victims and their families. This support may include direct and immediate intervention, procedural steps and professional discretion, protection from further harm, involvement of professionals or authorities from outside the school, or any other means necessary and sufficient to immediately put and end to any such violations of the dignity and respect owed the members of our community at all times.

As parents of our students, you play an important role in child protection and stand side-by-side with us as bulwarks against abuse, maltreatment, bullying, neglect, mishandling, harassment, harm and any other action or attitude that compromises the safety of our community and all of its individual members. We encourage all members of our school community to read the AIS-Salzburg Child Protection Policies and Procedures in order to understand our commitment to this mandated and legal standard.

The full AIS-Salzburg Child Protection Policy and Procedures document can be downloaded and read here: <https://www.ais-salzburg.at/wp-content/uploads/2021/07/CHILD-PROTECTION-POLICY-AND-PROCEDURES-HANDBOOK.pdf>

I, the parent or guardian of _____ have informed myself and agree to the school's efforts to safeguard, protect and support all members of our community in accordance with the law, common standards of respect and care, and best practices of international schools around the world.

Name: _____

Signature: _____ Date: _____

Enrollment Form 2: *Personal Data Consent*

Client Consent Form: Personal Data Protection (GDPR)

In accordance with the European Union Regulation 2016/679 which established standards regarding the protection of data processed and stored as well as the free movement of data. This regulation is generally referred to as the General Data Protection Regulation (GDPR). The American International School-Salzburg is required by this regulation to create and provide a framework of policies which establishes an adequate level of protection of personal data collected and handled by the school staff. Personal data collected and processed by AIS-Salzburg includes that of (a) of enrolled students, (b) parents and legal guardians of students enrolled, (c) employees, and (d) contractual partners of AIS-Salzburg.

Whereby:

1. The term '*client*' refers to any student enrolled at AIS-Salzburg as well as their legal guardians who have signed a contractual agreement establishing formal enrollment at AIS-Salzburg for educational purposes.
2. The term '*contractual partner*' refers particularly to those who sign and enter into any formal agreement with AIS-Salzburg (parents and legal guardians) as well as employees and all others with which AIS-Salzburg enters a contractual arrangement.

With this form of consent specifically and the AIS-Salzburg Data Protection Policy generally, the administration of AIS-Salzburg hereby informs all clients of (I) the nature and categories of the personal data collected and processed at AIS-Salzburg, (II) the purposes for which their personal data is processed by AIS-Salzburg, (III) the third parties to which personal data is transferred, as well as (IV) the individual rights of clients regarding the processing of their personal data and how these rights can be exercised.

I. Purposes for Which Personal Data is Collected and Processed at AIS-Salzburg

The American International School-Salzburg is a private, independent, secondary boarding and day school providing a college-preparatory education in English and in accordance with U.S. High School Diploma standards as well as criteria established by the Advanced Placement® program of the College Board Organization in the United States. AIS-Salzburg is fully accredited to offer this program and diploma by the Middle States Association of Colleges and Schools. The school's mission defines the following educational goals and purposes:

- A. to provide a college-preparatory secondary education and diploma to students ages 12 to 18 in accordance with internationally-recognized standards and expectations of professional practice and benchmarks;
- B. to provide safe, secure, and adequate residential accommodations to all boarding students;
- C. to establish and carry out a program of activity which enhances the physical well-being and development of our students;
- D. to provide for adequate nutrition, environmental conditions and health support for all students;
- E. to provide adequate direction, supervision, instruction, guidance, and order to facilitate the above.

In order to carry out our mission and the above-listed educational goals, the administration, staff, and faculty of AIS-Salzburg must collect and process personal data belonging to our clients (parents, legal guardians and enrolled students).

AIS-Salzburg is committed to the privacy and security of personal data collected and processed within the principles of the GDPR. Our policy ensures that:

1. We obtain all necessary and mission-related personal data fairly.
2. We maintain all necessary and mission-related personal data for specific purposes.
3. We process personal data in ways related to the purposes inherent in the mission.
4. We keep personal data safe and secure.
5. We keep personal data accurate and up-to-date
6. We process personal data that is adequate, relevant, but not excessive to privacy
7. We retain no data longer than necessary.
8. We provide copies of individual's personal data on request of the client.

II. Nature and Categories of Client Personal Data Collected

Client personal data collected by AIS-Salzburg is stored securely in electronic form both internally on the school's server as well as on the external server of the PowerSchool® Student Information System. Access to all client personal data is restricted by policy to authorized staff members and for specific purposes related to the school's mission. Please refer to the AIS-Salzburg Data Protection Policy as well as the

A. Parent and Legal Guardian Data

1. Name and surname
2. Address of residence
3. Employer
4. Telephone, fax, and e-mail contacts
5. Family status and relationship information
6. Bank data
7. Signature
8. Financial account records

B. Enrolled Student Personal Data

1. Name and surname
2. Address of residence
3. Gender and date of birth
4. Nationality / citizenship(s)
5. Telephone, fax, and e-mail contacts
6. Passport(s) number, date of issuance / expiration, valid visas
7. Personal photo
8. Previous school name, address, contact information, contact person
9. Transcripts of previous educational results
10. Personal evaluative recommendations from former instructors
11. Health and medical parameters, including:
 - a. weight, hair & eye color, distinguishing physical marks
 - b. history of previously-diagnosed health issues
 - c. allergen information
 - d. restrictions due to diagnosed health issues
 - e. previous hospitalization and surgeries
 - f. regular medication
 - g. abnormalities regarding eyes, ears, nose, throat, paired organs, gastrointestinal tract, respiratory system, neurological systems, metabolic / endocrine systems, genitourinary systems or muskuloskeletal systems
 - h. immunization record
 - i. use of corrective lenses or hearing aides
 - j. orthodontic procedures; previous and ongoing
12. Primary, secondary and tertiary languages
13. Login and password information to access Student Information System
14. Attendance records
15. Social / Behavioral history records
16. Academic results including evaluated assignments and evaluations
17. Grade-point average
18. University admissions plans and actions
19. External examination results (SATI, SATII, AP®, IELTS, Stanford 10)
20. Language proficiency evaluations
21. Honors and citations
22. Staff commentary, personal evaluations, recommendations
23. Student account financial records
24. Activities enrollment records
25. CCTV imaging
26. Academic and activities schedules
27. Final transcript records
28. Alumni contact information

C. Applicant and Applicant Parent or Guardian Personal Data

1. Name and surname
2. Address of residence
3. Employer
4. Telephone, fax, and e-mail contacts
5. Family status and relationship information
6. Bank data
7. Signature
8. Gender and date of birth
9. Nationality / citizenship(s)
10. Telephone, fax, and e-mail contacts
11. Passport(s) number, date of issuance / expiration, valid visas
12. Personal photo
13. Previous school name, address, contact information, contact person
14. Transcripts of previous educational results
15. Personal evaluative recommendations from former instructors
16. CCTV imaging during school visit

III. Personal Data Transfer to Contractual and Non-contractual Partners

In order to carry out the above-stated mission and goals adequately and efficiently, the administration, staff, and faculty of AIS-Salzburg must occasionally transfer client personal data to third parties. These third-parties include contractual partners of AIS-Salzburg who have a legal, binding agreement with the school as well as non-contractual third-parties. Personal data transferred to third parties must always occur within the guidelines and parameters of the AIS-Salzburg Data Protection Policy to ensure the security and privacy of such personal data.

A. Contractual Partners to Whom Personal Data is Transferred

<u>Contracted Partner</u>	<u>Personal Data Transferred</u>
PowerSchool.com	name, address, academic records, evaluations, commentary, passport and visa documentation, academic scheduling, social-behavioral records, attendance records, documented summaries of educational progress, images
College Board Organization (AP/SAT)	name, address, nationality, educational status, gender, voice, residence
Dr. Herbert Huber Accounting GmbH	names, DOB, financial statements, bank account information, contact information
Kitchen catering (Contento GmbH)	names, surnames, DOB, preferences
Housekeeping (Delina GmbH)	student numbers and names
Internet Provision (Netzwerk GmbH)	student numbers, employee data
Communication (A1 Austria GmbH)	telephone, fax numbers
Laundry (Stanglmayer Germany GmbH)	personal clothing, residence location
Copying (Ricoh Austria GmbH)	physical document copies/scanning
Brochures/Marketing (COCO GmbH)	Imaging
Banking (Raiffeisenkasse Salzburg GmbH)	bank account information, names, address, passport information, residency documentation
Legal Assistance (Ferner, Hornung & Partner)	name, contact information, passport and visa information, financial information
Educational Agencies (Various)	student contact information, academic information, passport and visa information, academic history, recommendations

Non-contractual third-parties to which personal data is transferred are generally of three types:

(a) political/legal entities with authority over AIS-Salzburg, (b) other educational institutions who request and receive personal data of students interested in acceptance and enrollment, and (c) licensed health officials who are referred to for student health issues.

B. Non-contractual Partners to Which Personal Data is Transferred

<u>Non-Contractual Partners</u>	<u>Personal Data Transferred</u>
City of Salzburg	names, addresses, DOB, birth certificate, passport information, images, criminal records
Salzburg Magistrat	passport and visa documentation, images, medical history documentation, birth certificates, financial statements, confirmation of enrollment
Tertiary Educational Institutions	transcripts, images, examination and academic results, commentary from instructors, personal statements
Other Educational Institutions	transcripts, images, historical academic records, social/behavioral record, commentary, recommendations, confirmation of enrollment
Health Care Facilitators*	name, residence, health records, physical data, images, passport/visa, financial records and contact information

*Please note that all visits to health officials requires specific consent for medical treatment and the transfer of health and medical data between such officials and AIS-Salzburg. This consent is provided upon enrollment on the Consent for Medical Treatment and Transmission of Medical Information form.

IV. Individual Client Rights

All clients of AIS-Salzburg (parents, legal guardians and enrolled students) have the following rights as regards the collection and processing of their personal data by AIS-Salzburg:

1. To know and be able to contact the Data Protection Officer (DSO) of AIS-Salzburg:

Paul McLean
Moosstrasse 106
A-5020 Salzburg, Austria
Tel.: +43 662 824617

Fax: +43 662 824555
E-mail: pmclean@ais-salzburg.at

2. To know the purposes for which personal data is collected and processed at AIS-Salzburg.
3. To know the interests and motivation of the school personnel and third parties to which personal data may be transferred.
4. To know any and all third-parties to which AIS-Salzburg may transfer personal data and for what purposes.
5. To know that personal data may, in some cases, be transferred to organizations (universities, colleges, secondary schools, etc.) that are outside of the EU and with whom the GDPR does not apply and give consent for such data transfer.
6. To request access to, correction of, or deletion of any and all personal data collected and stored by AIS-Salzburg, to object to the transfer of personal data or its processing by third-parties, the right to give and withdraw explicit consent for the processing of personal data as well as the right to lodge a complaint with the DSO or higher authorities responsible for the enforcement of the DGPR.
7. To know the period for which their personal data will be stored and what criteria is used to determine the storage period.
8. The right to know whether the collection and processing of personal data by AIS-Salzburg is a statutory (legal responsibility of AIS-Salzburg) or a contractual requirement (Contracted enrollment agreement) and to what extent, if a contractual agreement, the provision of personal data is an obligation as well as the possible consequences of failure to provide such data.

V. Statements and Signature of Consent for Clients

I, the undersigned, as a client of the American International School-Salzburg (AIS-Salzburg), hereby give my explicit consent to AIS-Salzburg to collect and process the personal data of myself and/or my child for the purposes stated in this document; namely, the implementation of a college-preparatory, secondary education in a boarding setting which is guided by the principles within the published mission and beliefs of the school.

Further, I understand that enrollment at AIS-Salzburg is a voluntary, contractual agreement between myself and AIS-Salzburg and that the collection of that the provision of such personal data which is necessary to effectively accomplish the school's mission and goals is obligatory and that enrollment at AIS-Salzburg is ended should such personal data not be provided, a request for its deletion or withdrawal of consent be received by AIS-Salzburg.

Name of Student: _____

Name of Parent or Legal Guardian: _____

- I confirm that I have read the AIS-Salzburg Data Protection Policy and this Client Consent form.*
- I understand my rights as a client regarding my personal data.*
- I consent to the collection, storage, and processing of personal data as explained, categorized, and listed in this Client Consent Form and I understand that this consent is required for enrollment at AIS-Salzburg.*
- I understand and consent that authorized staff members of AIS-Salzburg will have access to my personal data in order to carry out their job functions within the mission and goals of AIS-Salzburg.*

I further understand that the following aspects of personal data collection and processing are not required contractually for enrollment but can be consented to if desired. I have indicated by checking those areas to which I give my consent:

- I consent to allow AIS-Salzburg to utilize images of myself in school marketing and informational publications.*
- I consent to allow AIS-Salzburg to utilize my name in school marketing and informational publications.*

Signature of Student (if 13 or older): _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Enrollment Form 3: Contact Information

The school sends all formal reports, including midterm and trimester grade reports, statements of account, etc., by electronic mail to the parents or guardians listed below. Please submit an e-mail address which can be utilized for this purpose and will be frequently checked throughout the school year. This is a parent contact address only. *Student e-mail addresses should not be submitted here.* Should your contact information change during the school year, please inform the AIS-Salzburg office of the new contacts.

Parental/Legal Guardian **E-mail** Contact Address: _____

Parental/Legal Guardian **Telephone** Contact Number: _____

Parental/Guardian **Fax** Number: _____

Primary Mailing **Address**: _____

Emergency Contact Number (if different than above): _____

IMPORTANT: Please note that the data protection laws in the European Union (GDPR) require that all transfer of personal data between the school and its clients be regulated by the stipulations of the GDPR as explained in the AIS-Salzburg Data Protection Policy statement. Please review this information carefully and help us ensure that your personal data remains private and secure by keeping this contact information up-to-date at all times. Should you feel that your e-mail account's security is suspect, please make the necessary changes and inform our staff immediately if it involves a new e-mail address. The AIS-Salzburg staff is prohibited from transferring any personal data to any other contact address not listed on this form.

Educational Agencies and Consultants

If you would like to consent to the transfer of your personal data to an educational consultant or representative of the family as a third party:

1. They must have signed a separate contractual agreement with AIS-Salzburg, and
2. You must provide their secure e-mail and telephone number (below) if you consent to their reception of personal data:

Name of Educational Agent and Organization: _____

Contact E-Mail: _____

Statement and Signature:

I, the parent or legal guardian, consent to private personal data being transferred to the above-stated agent and organization. Without this signature, I understand that AIS-Salzburg is forbidden to send such data given the GDPR.

Signature: _____

Enrollment Form 4: Athletics/Physical Education Participation

Name of Student (Please print clearly): _____

The American International School-Salzburg requires all students to participate in physical education courses each trimester of enrollment. Additionally, ski and snowboarding trips as well as many active activities on weekends are scheduled and a range of competitive athletics teams are organized and participate throughout the year. In order for a student to take part, the parent or guardian must agree to release AIS-Salzburg from liability provided the school establishes procedures for proper care, safeguarding and risk assessment for all such activity.

I hereby give permission for my son or daughter to participate in all forms of supervised and unsupervised sports and activities including skiing/snowboarding and contact sports. I release the school of all liability, present and future, incurred by reason of injury to my son or daughter while participating in such activities at AIS-Salzburg.

I do not grant my son or daughter permission to participate in such activity (Please explain on a separate sheet). Note: Without participation in the credit-bearing, required physical education courses at AIS-Salzburg, promotion and/or graduation may not be achieved.

Parent/Guardian Signature: _____

Student Signature: _____

Enrollment Form 5: Leaves to the City

Name of Student (Please print clearly): _____

With parental or guardian permission, boarding students may leave campus during free time provided they remain within the city limits of Salzburg and the health situation is such that leaving campus is considered safe. It is critically important, however, that the resident staff is informed of the whereabouts of our students at all times when off campus. Tracking of student movement by the school staff must be agreed to as well. Strict guidelines are in place for reporting upon departure and return. All students must heed these guidelines and report back to campus before the required curfew time. Below, are three possible options for free time use off campus which parents and guardians should consider carefully and then sign below:

1. I am in agreement with the school's policy of allowing my son or daughter leaves to the city during free time provided appropriate sign-out and sign-in procedures are adhered to and no other restrictions are in place.

2. I am in agreement with the school's policy of allowing my son or daughter leaves to the city but allow him or her to leave campus only when accompanied by another student and within the school's restrictions.

Name of responsible student: _____

3. My son or daughter should only be allowed to leave campus under the supervision of the school staff.

Parent/Guardian Signature: _____

Student Signature: _____

Enrollment Form 6: Alcoholic Beverages

Name of Student (Please print clearly): _____

For students seventeen years of age and with parental permission, consumption of one glass of wine (100 ml table wine or 5 fl. oz.) or beer (285 ml or 12 fl. oz.) is allowed in licensed and approved public restaurants and guesthouses on Friday and Saturday evenings, consumed before 21:30 with a meal and in accordance with Austrian law. The following restrictions on alcoholic beverage consumption for students with permission should be carefully noted. **Any violations of this policy will result in immediate termination for the school year and possible further disciplinary consequences:**

1. All alcohol consumption must accompany a meal between 16:00 and 20:00 on Friday or Saturday evenings when allowed by the administration. The school reserves the right to declare certain weekends as "dry," suspending alcohol permission for all students.
2. All bars or other establishments that cater primarily to the serving of alcoholic beverages are off limits to all boarders at AIS-Salzburg with or without alcohol permission.
3. Consumption of hard alcoholic beverages (anything other than beer or wine) is prohibited at all times.
4. Students with alcohol permission are not allowed to purchase alcohol for later consumption. Possession of alcoholic beverages on campus results in referral to the disciplinary committee for determination of consequences including possible suspension or expulsion from AIS-Salzburg.
6. The school reserves the right to utilize a breathalyzer to make all determinations concerning inappropriate levels of alcohol consumption. With or without the use of a breathalyzer, the AIS-Salzburg staff is considered appropriately aware and qualified to determine inappropriate alcohol consumption, resulting in possible disciplinary consequences.
7. The administration reserves the right to determine if the blood alcohol level of a student with permission is inappropriately high and an abuse of this permission in all cases whatsoever.
8. In cases in which a student endangers themselves or others while under the influence of alcohol and thereby violates our Child Protection policy, the AIS-Salzburg Child Protection Team will meet to determine appropriate consequences.

- a. My son or daughter is younger than 17 years of age and will not be turning 17 this school year. Therefore, the policy regarding alcoholic beverage consumption is **not applicable**.
- b. My son or daughter is 17 years of age or will turn 17 during the present school year. However, we do NOT wish to grant him or her this permission.
- c. I am in agreement with the policy as stated and grant my son or daughter permission to consume alcoholic beverages within the guidelines listed above. My son or daughter is 17 years of age or is granted this permission as of his or her 17th birthday on _____ (date).

Parent/Guardian Signature: _____

Student Signature: _____

Enrollment Form 7: *Damage Liability Declaration and Agreement*

Name of Student *(Please print clearly)*: _____

As the parent of a boarding student at AIS-Salzburg, I understand and accept the following terms and conditions for residency in the school's dormitories for the 2022-2023 school year:

1. I understand and accept that the school property which my child is given to utilize during the school year is not the personal property of my child and that it is expected that they care for it and maintain its usefulness and value during my child's period of enrollment at the school.
2. I understand and accept that an inventory and damage assessment of my child's dormitory room and its furnishings will be conducted at the start of the school year which will determine and establish the room and furnishings conditions. I understand that this assessment will be signed by my son or daughter upon moving into the dormitories.
3. I understand that any damage beyond that resulting from normal use is the responsibility of my child as well as my child's roommates and I agree to reimburse the school not only for any damages for which my child is responsible but also for the time and labor of the school staff, shipping, and any other costs directly associated with replacement or repair of the damaged item.
4. I understand and accept—in accordance with the school's policy as defined in the Parent and Student Handbook—that should no one accept responsibility for damage done to school property in my child's room or its furnishings, the costs for replacement and/or repair will be equally shared by myself and the parents of any other occupants of the room.
5. I understand that the AIS-Salzburg administration has the right to withdraw payment for replacement and/or repair of damages from my child's incidentals account.
6. I understand and accept that my child's responsible utilization of school materials, furnishings, and property is not limited to his or her dormitory room, but extends to any school or other facilities, rooms, public areas, and furnishings whose utilization is granted by the school administration.

As the parent or guardian of the above-named student, I have read, understood, and agree that my child shall comply with the terms of this Damage Liability Declaration and Agreement. I agree to cover the costs of replacement and repairs of any damage—beyond normal usage—for which my child is responsible.

Parent/Guardian Signature: _____

Student Signature: _____

Enrollment Form 8: Attendance Policy Agreement

Name of Student (Please print clearly): _____

AIS-Salzburg Attendance Policy

1. All students at AIS-Salzburg must be in attendance in all credit-bearing courses at least 80% of the total scheduled instructional time each academic year. Students who are not in attendance at least 80% of the class time will not receive academic credit. This includes both excused and unexcused absences. Failure to receive credit will result in non-promotion and potential forfeiture of the school's diploma.
2. Unexcused absences from one or more class periods is considered a disciplinary infraction and will result in consequences which include restriction of free time, detention, campusing, or referral to the Disciplinary Committee in cases of repeated offenses.
3. Early departures before vacation or excursion periods as well as late returns afterwards will be marked as unexcused by the school administration regardless of the circumstances. Flight arrangements and travel plans need to be made well in advance with this policy in mind. As in the case of all unexcused absences, the student forfeits the right to make up the academic work assigned and disciplinary consequences may also result. The school year calendar is posted on the school's website.
4. All students at AIS-Salzburg must meet the schools' physical education requirement of two class hours per week during each trimester of enrollment. In the case of illness or injury which does not allow participation (with confirmation of a physician) the physical activity requirement will be made up when the student is physically capable of doing so.
5. All boarding students are required to attend weekly evening study halls on Sunday through Thursday evenings. Failure to attend an evening study hall will result in campus restriction and detention hall. 5-day boarders as well as full-boarders who have received weekend check-out permission are to return to the school campus before 18:00 on Sunday evening.
6. All full-boarding students are required to participate in the weekend activities program. Should a weekend check-out be desired, the following guidelines must be strictly adhered to:
 - a. Check-outs for the weekend are made exclusively to parents and immediate family members who assume full responsibility for their child while away from school.
 - b. Check-outs for the weekend must be agreed to by the school administration following the submission of a request form. This form must be received before 16:00 on the Wednesday before the desired weekend check-out .
 - c. Written or telephonic approval or confirmation by the parents is required.
 - d. The administration reserves the right to deny a weekend check-out at any time for any reason.

As the parent or guardian of the above-named student, I have read, understood, and agree to the terms and policies relating to attendance at AIS-Salzburg. I agree to assist my child in meeting all attendance expectations as explained above. I further understand and agree that the failure of my child to meet the school's minimum attendance requirements may result in non-promotion, forfeiture of the school diploma, and/or disciplinary consequences.

Parent/Guardian Signature: _____

Student Signature: _____

Enrollment Form 9: Community Commitment and Code of Conduct

Name of Student (Please print clearly): _____

All students enrolled at AIS-Salzburg are required to sign the following community commitment and Code of Conduct:

As an AIS-Salzburg student, I understand that there are certain rules and expectations as presented in the Parent and Student Handbook that make living and attending school together safe and beneficial for everyone. Further, I understand and commit myself to demonstrate core ethical values while enrolled at AIS-Salzburg including integrity, honesty, self-discipline, responsibility, respect, citizenship, and service to my community.

I understand and agree with the expectations as presented in the latest copy of the AIS-Salzburg Parent and Student Handbook and agree that the school has the right and obligation to make and enforce these rules and expectations. I also understand that failure to follow these rules and expectations may violate Austrian law and the safety requirements to which the school is obligated. I, therefore, affirm that while enrolled at AIS-Salzburg:

...I will do my best to abide by all expectations of behavior and conduct as communicated to me in the Parent and Student Handbook.

...I will demonstrate respect and regard toward all other persons who are members of my school community at all times, helping to establish a climate of trust and safety throughout the community.

...I will not engage in actions which is destructive of or disregards the school community's rules and expectations, the laws of Austria, or the rights accorded each and every member of the school community.

...I agree to uphold and demonstrate ethical behavior which includes honesty, self-discipline, responsibility, appropriate citizenship, and service to my community.

...I agree to uphold the highest standards of academic and personal integrity toward my teachers, instructors, and supervisors as well as the thoughts, information, creation, and writings of others which is protected by copyright. Further, I commit myself to the submission of academic work which is purely and completely of my own creation or invention.

...I understand that suspension and expulsion from the school community may result from serious disciplinary infractions which compromise the security, safety, respect and cooperation required of all members of the school community.

Student Signature: _____

As the parent of a student enrolled at AIS-Salzburg, I understand that my child is to abide by the above-mentioned expectations and rules and will dedicate themselves to meeting their academic and social obligations with integrity, honesty, respect, responsibility, service to the community, and appropriate citizenship. I understand that my child may be denied continued enrollment at AIS-Salzburg should the school administration determine that they are unacceptable members of the school community due to disregard or lack of respect for the above-mentioned expectations.

Parent/Guardian Signature: _____

Enrollment Form 10: Excursion Participation

Name of Student *(please print clearly)*: _____

In order to confirm numbers and move ahead with planning, we kindly request that the following information be submitted before the start of the 2022-2023 school year. All boarding students should fill out the following information:

Fall Excursion:

Paris, France *(included in tuition package)*

September 27-October 2, 2022

Barcelona, Spain *(at additional cost of €200)*

September 27-October 2, 2022

- My son or daughter will participate in the Fall Excursion to Paris, France.*
- My son or daughter will participate in the Fall Excursion to Barcelona, Spain.*
- My son or daughter will **NOT** participate in the Fall Excursion and will return home during this period.*

Winter Excursion:

Zell am See, Austria *(included in tuition package)*

February 23-26, 2023

- My son or daughter will participate in the Winter Excursion to Zell am See.*
- My son or daughter will **NOT** participate in the Winter Excursion and will be returning home during this period.*

Parent/Guardian Signature: _____

Enrollment Form 11: Health Form and Record - Page 1

All new students enrolled at AIS-Salzburg must bring this form filled out following a physical examination from their local general physician. Returning students should submit an updated version of this form annually.

Student Name: _____ Date of Birth (dd/mm/yyyy): _____

Sex (circle one): F M Weight (in kg): _____ Color of Eyes: _____ Hair Color: _____

Distinguishing Marks/Scars: _____

Personal Health History: Please check if you have been diagnosed with any of the following. Provide further commentary as needed in the space below:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> scarlet fever | <input type="checkbox"/> insomnia | <input type="checkbox"/> chest pain | <input type="checkbox"/> recurrent diarrhea |
| <input type="checkbox"/> measles | <input type="checkbox"/> emotional disorders | <input type="checkbox"/> chronic cough | <input type="checkbox"/> rupture/hernia |
| <input type="checkbox"/> mumps | <input type="checkbox"/> recurrent headache | <input type="checkbox"/> heart palpitations | <input type="checkbox"/> dizziness/fainting |
| <input type="checkbox"/> chickenpox | <input type="checkbox"/> head injury | <input type="checkbox"/> high/low blood pressure | <input type="checkbox"/> paralysis |
| <input type="checkbox"/> herniated disk/
spinal injury | <input type="checkbox"/> rheumatic fever | <input type="checkbox"/> STDs | <input type="checkbox"/> tuberculosis |
| <input type="checkbox"/> sinusitis | <input type="checkbox"/> shortness of breath | <input type="checkbox"/> meningitis | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> hepatitis A/B | <input type="checkbox"/> tumor, cancer, cyst | <input type="checkbox"/> joint injury | <input type="checkbox"/> epilepsy/
convulsions |
| <input type="checkbox"/> gall stones | <input type="checkbox"/> ADS/Hyperactivity | | |

Allergies: Please list all known allergens: _____

Other: Please provide any further significant information related to your personal health history:

General Health Questions (please circle the appropriate response):

1. Has your physical activity been restricted during the past five years? yes no
Explanation: _____
2. Have you ever been hospitalized for any condition not listed previously? yes no
Explanation: _____
3. Have your tonsils been removed? yes no Has your appendix been removed? yes no
Explanation: _____

Enrollment Form 11: Health Form and Record - Page 2

Student Name: _____

4. Below, please **list all medication you take on a regular basis** and would be required to take here at school:

Medication	Explanation
a. _____	_____
b. _____	_____
c. _____	_____

6. If you have been diagnosed with an abnormality in any of the following systems, please mark with an "X" and provide a brief explanation:

- | | | |
|--------------------------------------|---------------------------|-----------------------|
| _____ head, ears, eyes, nose, throat | _____ respiratory | _____ Genitourinary |
| _____ any paired organs | _____ neurological | _____ muskuloskeletal |
| _____ gastrointestinal | _____ metabolic/endocrine | |

Explanation if necessary:

Immunization Record

Date	Vaccination
a. _____	measles: rubella
b. _____	hepatitis A
c. _____	hepatitis B
d. _____	smallpox
e. _____	polio
f. _____	measles
g. _____	cholera
h. _____	tetanus
i. _____	mumps
j. _____	D.P.T.

Please list any other vaccinations below or provide the school personnel with a copy of your vaccination record:

Covid-19 Vaccination Information

Please fill out the following if you have received a vaccination for Covid-19:

Vaccine Injected: Pfizer/Biontech Moderna Astra-Zeneca Johnson& Johnson Other: _____

Date of first dose: _____ Date of second dose (if applicable): _____ Date of second dose (if applicable): _____

Please bring medical documentation confirming your reception of a Covid-19 vaccination.

If you wear glasses or corrective lenses, please state your prescription here: Left: _____ Right: _____

Are you currently undergoing corrective procedures (e.g., braces) on your teeth or jaw(s)?: yes no

Explanation: _____

Consent for Medical Treatment and Transmission of Medical Information *Zustimmung zur medizinischen Behandlung und Übermittlung von medizinischen Informationen*

I hereby authorise AIS-Salzburg to consent to any medical care and treatment for my child,

_____, that is recommended by a licensed healthcare provider to whom my child is presented for treatment, while my child is a student at AIS-Salzburg. In order to ensure that my child receives prompt medical care and treatment when necessary, I hereby release any licensed health care provider providing medical care to my child from liability relating to such provider's acceptance of the substitute caregiver's (AIS-Salzburg) consent.

Ich ermächtige AIS-Salzburg, alle medizinische Behandlungen und weitere Behandlungen meines Kindes, (siehe Name oben), zuzustimmen, die von einem zugelassenen Gesundheitsdienstleister empfohlen wird, dem mein Kind zur Behandlung vorgestellt wird, während mein Kind Student bei AIS-Salzburg ist. Um sicherzustellen, dass mein Kind bei Bedarf umgehend medizinisch versorgt und behandelt wird, entbinde ich hiermit jedes zugelassene medizinische Fachpersonal, das meinem Kind medizinische Versorgung gewährt, von der Haftung für die Annahme des Ersatzpflegers (AIS- Salzburg) Zustimmung.

I also hereby permit the confidential exchange (telephonic, digital, and in person), of medical information, diagnoses, treatments and recommendations regarding my child between the aforementioned health personnel and the administration including the Health Coordinator of AIS-Salzburg. Furthermore, I permit the school to transmit any and all medical information, diagnoses, treatments and recommendations regarding my child to me (parent or legal guardian), telephonically, digitally, and/or in person.

Ich erlaube hiermit auch den vertraulichen (telefonischen, digitalen und persönlichen) Austausch von medizinischen Informationen, Diagnosen, Behandlungen und Empfehlungen bezüglich meines Kindes zwischen dem oben genannten Gesundheitspersonal und dem Verwaltungs- und Gesundheitsbeamten von AIS-Salzburg. Darüber hinaus gestatte ich der Schule, mir alle medizinischen Informationen, Diagnosen, Behandlungen und Empfehlungen zu meinem Kind telefonisch, digital und / oder persönlich mir (Eltern oder Erziehungsberechtigte) zu übermitteln, und entbinde das medizinische Gesundheitspersonal von der Schweigepflicht.

I further understand that:

- AIS-Salzburg will keep and store my child's medical records and reports, (electronically and/or physically), which will be accessible only to the school's administration, for up to six months after my child's enrolment at the school has ended.
- All of my child's medical records and reports in possession of the school will be transmitted to me (parent or legal guardian), removed from the school's server, and stored on external thumb drive (in a safe) for twelve (12) months after my child's enrollment at the school has ended, after which it will be destroyed.
- AIS-Salzburg will never share my child's medical records and reports in its possession with any 3rd party without my (parent or legal guardian), express, written consent to do so.

Ich verstehe weiter, dass:

- AIS-Salzburg speichert (elektronisch und/oder physisch), die Krankenakten und Berichte meines Kindes, die nur für die Schulverwaltung zugänglich sind, bis zu sechs Monate nach Beendigung der Einschulung.
- Alle medizinischen Aufzeichnungen und Berichte meines Kindes, die im Besitz der Schule sind, werden mir (Elternteil oder Erziehungsberechtigten) auf meine übermitteln, vom Server der Schule entfernt, auf einem externen USB-Stick gespeichert (in einem Tresor aufbewahrt) und zwölf (12) Monate nach Beendigung der Einschulung meines Kindes vernichtet.
- AIS-Salzburg wird die medizinischen Unterlagen und Aufzeichnungen meines Kindes niemals mit Dritten teilen ohne meine (Eltern oder Erziehungsberechtigte), ausdrückliche schriftliche Zustimmung dazu.

Parent/Legal Guardian Signature / Unterschrift des Eltern/Erziehungsberechtigte:

_____ Date / Datum: _____