

# Summer Language Program 2025 / Summer Sprachkurs Programm 2025

## Registration Form/Anmeldung

Please fill out the following information completely and attach one portrait photograph.

Bitte vollständig ausfüllen und mit einem Foto an uns retournieren.

**Photograph**

Please attach a recent portrait photograph here

Please send this form to:

Bitte schicken Sie die Anmeldung an:

**Summer Language Program**  
c/o The American International School-Salzburg  
Moosstrasse 106  
A-5020 Salzburg/Austria  
Fax: +43 662 82 45 55  
office@ais-salzburg.at

A letter of acceptance and invoice will be sent immediately following enrollment.

Die Kursteilnahmebestätigung und die Rechnung werden nach der Aufnahme zugesandt.

### Desired Language/Kurswahl

English or  German Beginner / Anfänger  
Englisch oder Deutsch

### Length of Study/Kursdauer

2 weeks  4 weeks  6 weeks  
2 Wochen 4 Wochen 6 Wochen

### Course Level/Kurs Stufe

Beginner/Anfänger  
 Intermediate/Mittelstufe  
 Advanced/Fortgeschritten

### Course Dates/Datum

July 6-18, 2025  
 July 20-Aug. 3, 2025  
 August 3-15, 2025

### Fees/Kosten

<input type="checkbox"/> <b>Full-Boarding</b> Internatsschüler	<input type="checkbox"/> <b>Day Student</b> Tagesschüler
2 weeks: € 2,500.00	2 weeks: € 1,500.00
4 weeks: € 4,450.00	4 weeks: € 2,500.00
6 weeks: € 5,750.00	6 weeks: € 3,600.00

Note: If less than 25 students enroll in any given English or German session, the school may decide to reduce the number of levels to two rather than three.

5% Siblings Discount / 5% Geschwister Rabatt

### Student Information

Last Name/Familiennamen: \_\_\_\_\_

First Name/Vorname: \_\_\_\_\_

Gender/Geschlecht:  M/M  F/W

Date of Birth/Geburtstag: (D) \_\_\_\_\_ (M) \_\_\_\_\_ (Y) \_\_\_\_\_

Nationality/Nationalität: \_\_\_\_\_

Address/Anschrift: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian Information

Full Name/Familiennamen: \_\_\_\_\_

Address/Anschrift: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nationality/Nationalität: \_\_\_\_\_

Phone/Telefon: \_\_\_\_\_

Cell Phone/Mobiltelefon: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax/Fax: \_\_\_\_\_

Does the student have an Austrian visa? *Hat der/die Schüler/In ein Visum?*  yes/ja  no/nein

Has the student attended our summer program before?  
*Hat der/die Schüler/In unsere Sommerkurse schon mal besucht?*  yes/ja  no/nein

How did you hear about our language school? *Wie haben Sie von unserer Sprachschule erfahren?*

Are there any health or medical conditions that the school needs to be aware of? If so, please attach an explanation to this form.  
*Wenn der Schüler regelmäßig Medikamente einnimmt oder andere gesundheitliche Probleme hat, bitte legen Sie eine Arztbestätigung bei.*

**Cancellations up to 10 days before the arrival date are free of charge. For later cancellations the deposit payment of 25 percent of the course fees will not be refunded. There is no refund for no shows or for cancellations on the arrival day.**

**With my signature (below), I hereby consent to provide this personal data to the administration of the American International School-Salzburg (AIS-Salzburg) for the purposes of registration and participation in the Summer Language Program. I consent to allow the administration of AIS-Salzburg to collect, store and process this data within the parameters of the General Data Protection of the European Union (GDPR/679).**

Signature of Parent or Guardian: \_\_\_\_\_