



PIARISTEN-VOLKSSCHULE ST. THEKLA
Wiedner Hauptstr. 82 | 1040 Vienna
T: (01) 587 17 35-30 | F: -34
E: sekretariat@piaristen.at

Pre-registration for the school year: _____ / _____

Please fill out the pre-registration form carefully in block capitals and announce any changes.

Information CHILD

last name		first name(s)		gender O M O F	
birthday	in	state			
citizenship		religion			
native language		other languages			
hort desired O yes O no		sibling(s) at school O yes O no			
attending kindergarden since 20__ / __ year		social security number			
kindergarden name and address					

Information from LEGAL GUARDIANS

mother's name	address
profession and employer	phone number
social security number and birthday	E-Mail address

father's name	address
profession and employer	phone number
social security number and birthday	E-Mail address

The custody of the child lies with	The child lives with
------------------------------------	----------------------

How did you become aware of our school? _____

Reasons for choosing our school:

I confirm the accuracy of the information with my signature.

date:

Signature of legal guardian:
