



Application for admission for children at the ages of 0,4 - 6 years

1. For the child :
 Nationality: _____ Date of birth: _____
 Requested date of admission: _____ O Female O Male

AKAFÖ- intern

Eingangsvermerk: _____
Datum: _____
Kurzzeichen: _____

2. Legal guardians: Applicant Spouse

Last name		
First name:		
Street:		
Zip code, City:		
Phone number:		
Martial status:		
Occupation:		
Employer:		
Student yes/no:		
Place of study:		
Subject of study:		
Number of semesters:		

3. Members of the household (other than those named in 1. and 2.):

Name:	Date of birth:

4. Familial financial situation (Annual income before taxes):

- | | |
|--|--|
| <input type="radio"/> up to 6.200 EUR | <input type="radio"/> up to 12.300 EUR |
| <input type="radio"/> up to 7.200 EUR | <input type="radio"/> up to 18.500 EUR |
| <input type="radio"/> up to 8.200 EUR | <input type="radio"/> up to 24.600 EUR |
| <input type="radio"/> up to 9.300 EUR | <input type="radio"/> up to 36.900 EUR |
| <input type="radio"/> up to 10.300 EUR | <input type="radio"/> over 36.900 EUR |
| <input type="radio"/> up to 11.300 EUR | |

5. Who is currently taking care of the child? _____

6. Is the child handicapped or does it have a chronic disease? O Yes / No O
 If yes what kind of handicap or disease: _____

7. The application will not be processed until the following documents are submitted:

- a) Marriage certificate
- b) Birth certificate
- c) Certificate of residency from the Civil Registry Office
- d) Current certificate of enrollment / Certificate from employer
- e) Income statements (s. 4., Page 1)



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8. Please state the reasons for your application:

9. I / We confirm that all the aforementioned data is correct and complete. I / We are aware that false statements will lead to my / our application being rejected.

10. I / We agree to my / our application and data being verified.

11. Changes of any kind are to be communicated immediately.

12. The application will only be processed further when interest is being indicated again 6 months after the date of receipt.

City _____ Date _____

Signatures: _____
Applicant

Spouse

E-Mail address (optional)

E-mail address (optional)