



Application

for school year _____ / _____

COLLEGE OF HOSPITALITY MANAGEMENT

PERSONAL INFORMATION OF STUDENT

Last name: _____

First Name(s): _____

Date of birth: _____

Place of Birth: _____

Nationality: _____

female male

Denomination: _____

Native language/[first language]: _____



PERMANENT RESIDENCY

Zip code, town, country: _____

Address: _____

Phone: _____

mobile: _____

Student's email: _____

Payer's details

Surname: _____

First name(s): _____

Zip code, town, county: _____

Address: _____

Phone: _____

mobile: _____

Payer's email: _____

Occupation: _____

self-employed

Name/Address of employer: _____

Bank Information /account number (IBAN), bank, routing code _____

Signature Student

Signature Payer

Insurance

All students must be insured with an Austrian insurance company.
Costs for insurance are not included in the study fees.

The Student *[fill in name]*:

is insured with the following insurance company:

from _____ to _____ *[Fill in dates of insurance]*

Additional Information

Does the student have a hospitality/tourism/business background? (e.g. parents...)?

Previous Education/Training

The student must provide a high school leaving certificate
(original must be provided at the beginning of the school year).

[school]

from

to

[school]

from

to

[school]

from

to

[school]

from

to

Languages

Compulsory elective subjects

Please choose TWO of the following languages – all beginner’s level. Only the two languages with most ticks will be taught in your course.

1st choice	2nd choice
<input type="checkbox"/>	<input type="checkbox"/> <i>Spanish [beginner]</i>
<input type="checkbox"/>	<input type="checkbox"/> <i>Italian [beginner]</i>
<input type="checkbox"/>	<input type="checkbox"/> <i>French [beginner]</i>

Confirmation

I hereby confirm that I have received and read the information on tuition fees as well as the additional fees of the program.

I agree that all fees will be retained even if the student leaves the college during the study year due to personal reasons or due to expulsion from school.

Payer´s name
in capital letters

Student´s name
in capital letters

Date

Signature Payer

Date

Signature Student

Tourismusschule Klessheim
Klessheimerstraße 4
5071 Siezenheim
Telefon +43 (0)662/85 12 63, Fax +43(0)662/851263-4
Klessheim@ts-salzburg.at
www.klessheim.at

ORDER OF PROFESSIONAL CLOTHING

I hereby order the professional clothing for restaurant management and culinary arts classes

Women

Men

Size :

Restaurant Management	
1 blouse	1 black waistcoat „design Klessheim“
1 black waistcoat „design Klessheim“	1 pair of black trousers
1 pair of black trousers	1 black bow tie
1 bistro apron „design Klessheim“	1 bistro apron „design Klessheim“
1 service towel	1 service towel

Culinary Arts
1 pair of kitchen trousers
2 kitchen aprons
2 kitchen jackets
2 neckerchiefs
1 chef's hat
2 kitchen towels
1 pair of working shoes

ORDER SCHOOL UNIFORM

Sweater (grey)

Size:

The remaining parts of the school uniform have to be bought privately

Billing Adress for clothes

Title/Surname:

First name(s):

Zip code, town, country:

Address:

Phone:

E-mail:

I hereby confirm payment of the bill (approx. 450,- euro) immediately with the payment for the registration fees.

Date

Signature