



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

Last name: _____

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:

Insurance number:

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 _____

Languages

Compulsory elective subject
(only one second foreign language can be taken as a compulsory elective subject)

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

Optional Subject

Junior barkeeper

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

<input type="checkbox"/> 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