



AKADEMISCHES GYMNASIUM INNSBRUCK

A-6020 Innsbruck, Angerzellgasse 14

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REGISTRATION for the CLASS AHS

Regular Student	O
Extraordinary Student	O §4(2a) O §4(2b)
Asylum Status	O clarified O unclarified
Further Information	-----

Entry Date: ----- to -----

STUDENT	Family Name		Given Name/s		Social Security Nr.		Date of Birth	
	Gender o male o female		Street (Nr.) _____					
			Zipcode: _____ Town/City: _____					
	Birthplace: _____				Religious Denomination: _____			
Country of Birth: _____				First Language: _____				
Nationality/ies: _____				School: _____				

Erziehungsberechtigte	Parental authority: <input type="checkbox"/> both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/>			
	Mother		Father	
	Titel / Name		Titel / Name	
	Given Name		Given Name	
	E-Mail:		E-Mail:	
	Telephone/Mobile:		Telephone/Mobile:	
	If it differs from the student's address Street (Nr.) :		If it differs from the student's address Street (Nr.) :	
Zipcode./City:		Zipcode./City:		

Previous Languages of Education

1. Language: _____ Year/s: _____
2. Language: _____ Year/s: _____
3. Further Language/s: _____ Year/s: _____

SUBJECT CHOICE/STREA	3./4. Class	Latin 6 Years	○
		French 6 Years	○
		French 6 Years Latin 4 Years (obligatory)	○
		Latin 6 Years → French 4 Years → Italian 4 Years → Greek 4 Years	○
	7.-8. Class	Creative Arts	○
		Music	○
	6.-7./8. Class	Compulsory Elective Subjects please consult our Administrator	

Innsbruck, on/...../.....(Date)

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Parent/Guardian/s Signature