

Beilage 03 -

Übermittlung an die Abteilung Bildung

(name, adress, telephone, email of the parent or legal **guardian**)

Application for school change for new school students

Magistrat Villach
Abteilung Bildung
Klagenfurter Straße 66
9500 Villach

As a parent or legal guardian, I apply for the school change of the student:

first name and surname of the pupil	
primary residence	
date of birth	
religion	
Date of student enrollment	
in elementary school	
school change from the elementary school	school change to the elementary school
reason for the school change:	
Decision of the Department of Education	
the change of school is approved	the change of school is not approved

Place, date

Signature of the legal guardian