KOLPINGHAUS Wels

Kolpingstraße 20 4600 Wels

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Admitting formular for STUDENTS

Name:	first name
date of birth:	place of birth:
nationality:	religion
adress at home: street:	
postal code/ town:	
telephonnr:mc	bile:E-Mail:
□ Fachhochschule field of st	ıdy:
name of the parents:	
profession of the parents:	
adress:	
telephon:Handy:	E-Mail:
Arrival date:	date of depature:
method of payment: □ cash	□ bank account in Austria
We need from you: Curriculum vitae photo	
	uthful. I have registered the agreement for staying in the Kolpinghaus, nod of payment and accept them. I am informed that the stay in the hall
	Signature