

EUREST REGISTRATION FORM

SCHOOL LUNCH YEAR 2019/20

We hereby register our child for the Pre Paid school lunch programme

(only one registration form per child/student)

Student's name: _____
family name first name

Class (e.g. 2B): _____
date of birth

Address: _____
street/number

postal code/city

Contact: _____
phone email

Begin lunch Programme: _____
date

terms of payment

Pre Paid School lunch

please check

yearly

semesterly

quarterly

We have read through and agree with the „Eurest lunch price list 2019/20“ & „Eurest school lunch programme“ where all guidelines and regulations concerning payment etc. are clearly stated

Signature of parent/guardian

date

PLEASE FILL IN THIS FORM AND RETURN TO ANDREW WARREN (Eurest VIS)

Address: Eurest, Vienna International School
Strasse der Menschenrechte 1
1220 Vienna

Email: andrew.warren@eurest.at

Mocca	EV	Card	Invoice
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please do not write in boxes