**Checklist Students**

Dear parents,

to ensure a fitting accommodation in Vienna, we ask you to mark applies to your child.

My childs diat is

* Vegetarian
* Vegan
* Halal

In general the following has to be considered

* Allegies if yes, which one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medication if yes, which one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intake known: yes no

Intake self initiated: yes no

My child

* Is afraid of a certain pet if yes, which one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Has other fears if yes, which one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Has particular needs and interests if yes, which one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important phone numbers:

Name, number: Name, number:

Thank you!

Best regards

Susanna Gugler, Stefanie Wurzer, Gerald Hödl, Martin Jares, Anu Kilpiä, Christel Child