EUREST REGISTRATION FORM

SCHOOL LUNCH YEAR 2024/25

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

(only one registration form per child/student)

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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** yearly semesterly quarterly We have read through and agree with the "Eurest lunch price list 2024/25" & "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) Adress: Eurest, Vienna International School Strasse der Menschenrechte 1 1220 Vienna Email: andrew.warren@eurest.at Card Invoice Mocca

please do not write in boxes