

Intake Student-Athletes

Personal

Family name	
First name(s)	
Nickname	
Gender (male/female)	
Nationality	
Sport	
Date of Birth	
City of Birth	
Nationality at Birth	
Language(s) speaking	
Language(s) writing	
E-mail	
Phone	
Allergies	
Dietary requirements	
Medical/psychological concerns/issues that FSG should be aware of	

Athletics

NOC-Status	
Position/Event(s)	
Length	
Club	
Coach	

Academics





FSG ACADEMY

School and city at FSG	
Study at FSG	
Starting grade at FSG	
School and city previous to FSG	
Study previous to FSG	
Grade previous to FSG	
Contact name previous school	
Contact e-mail previous school	

Boarding

Contract type (Example: single room + full-board mealplan)	
Start	
End	
Boarding room	

Contact

Contact 1 name	
Contact 1 relation	
Contact 1 address	
Contact 1 zip code	
Contact 1 city	
Contact 1 country	
Contact 1 phone	
Contact 1 e-mail	
Contact 2 name (optional)	
Contact 2 relation	
Contact 2 address	
Contact 2 zip code	





FSG ACADEMY

Contact 2 city	
Contact 2 country	
Contact 2 phone	
Contact 2 e-mail	

Required documents

<u>General</u>		
<input type="checkbox"/> Copy of valid passport	<input type="checkbox"/> Copy of current health insurance	<input type="checkbox"/> Recent color photograph
<u>Athletics</u>		
<input type="checkbox"/> Current sport time table		
<u>Education</u>		
<input type="checkbox"/> Current study program	<input type="checkbox"/> Official copy current study results	<input type="checkbox"/> Current study time table

Please inform us immediately if any of the details given on this form change

