

APPLICATION FORM

Recent Photograph
of Applicant to be
attached here

For Office Use Only

App. Fee _____

Transcript _____

Health Record _____

Accepted _____

Confirmed _____

c.c Business Office _____

PERSONAL DETAILS (Please Print in Capital Letters)

APPLICANT INFORMATION:

Name of the Applicant: (Family Name)	
(First Name)	
(Middle Name)	
Applying for Grade:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	Place of Birth:
Nationality 1:	Nationality 2:
Native language:	Address:
Language(s) spoken at home:	
Religious affiliation of Applicant:	
Parents' Mailing Address:	
ZIP/CAP/POSTCODE:	
Home Telephone Number:	

EDUCATIONAL DETAILS:

School presently attending:	for how many years?
Adress:	
Other Schools attended and how many years:	
Has the applicant ever been evaluated for special needs? (if yes, please submit copies of any evaluations or service plans)	Yes <input type="checkbox"/> NO <input type="checkbox"/>

FATHER INFORMATION:

Father's Full Name (Family Name)	(First Name)	(Middle Name)
Name of Company or Organization:		
Occupation:	Duty assigned period:	
Business/Day Telephone Number:	Cellular Phone:	
E-Mail		
Fiscal Code/Social Security Number:		

MOTHER INFORMATION:

Mother's Full Name	Maiden Name:
Name of Company or Organization:	
Occupation:	Position:
Business/Day Telephone Number:	Cellular Phone:
E-Mail	
Fiscal Code/Social Security Number:	

PARENTS' MARITAL STATUS:

Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Other <input type="checkbox"/>
If separated or divorced, Applicant lives with:		Mother <input type="checkbox"/>	Father <input type="checkbox"/>
Who has legal custody?		Mother <input type="checkbox"/>	Father <input type="checkbox"/> Both <input type="checkbox"/>

SIBLINGS applying to/attending the school Name(s) and Grade(s)
How did you hear about Istituto Teodoro Monticelli?

FEES AND CONDITIONS

- 1) The school, at its undisputable discretion, may accept or refuse this application Form based upon the number of students already enrolled.
- 2) The Application Form must be accompanied by a **non-refundable** fee of € 250.
- 3) Admission is for entire Academic Year, or from the date the student is admitted to the end of that Academic Year. The fees will not be reduced or refunded for absence, withdrawal or dismissal during the Academic Year.
- 4) Subsequent enrollments are to be made each year using a Re-enrollment Form to be filed with the school. A non-refundable fee must accompany the Re-enrollment Form, which will be determined on a yearly basis.
- 5) The signature of the parents or guardians on this Application Form implies the acceptance of the school’s **Schedule of Fees**, the contents of which we are fully aware.

We have carefully read above, and we understand that once the Applicant has been accepted and we have confirmed the acceptance we will have entered into a contract with the School, and we agree to comply with the terms set out above and to fully accept the conditions herein.

SIGNATURES Father _____ Mother _____ Guardian(if applicable) _____

SIGNATURES Father _____ Mother _____ Guardian(if applicable) _____

DATE: _____

We authorize <input type="checkbox"/> do not authorize <input type="checkbox"/> Istituto Monticelli to publish photographs containing my child in print and electronic publications and distributed by Istituto Teodoro Monticelli for informative and promotional purposes.		
SIGNATURES Father _____	Mother _____	Guardian(if applicable) _____