

# APPLICATION FORM

ISTITUTO TEODORO MONTICELLI

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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  NO

**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"/>

<b>SIBLINGS</b> applying to/attending the school Name(s) and Grade(s)
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How did you hear about Istituto Teodoro Monticelli?
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**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)
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SIGNATURES	Father	Mother	Guardian(if applicable)
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**DATE:** \_\_\_\_\_

We <b>authorize</b> <input type="checkbox"/> <b>do not authorize</b> <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.
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SIGNATURES	Father	Mother	Guardian(if applicable)
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