

Please attach
a passport
photo here

APPLICATION FOR ADMISSION

STUDENT DETAILS

Name of student: _____ Male Female

Date of Birth: (day/month/year) _____ Place of Birth: _____

Nationality: _____ 1st Language: _____ 2nd Language: _____

Proposed date of entry: _____ Class: _____

PREVIOUS SCHOOL DETAILS

Name and address: _____

Start month/year: _____ Left month/year: _____

State the name and level of study of the last course taken at your previous school and give the results of any examinations taken: _____

FAMILY DETAILS

Name of Mother: _____ Nationality: _____

Home address: _____ Phone: _____

Cell Phone: _____ Occupation: _____

Office address: _____ Phone: _____

Email address (for all school correspondence): _____

Name of Father: _____ Nationality: _____

Home address: _____ Phone: _____

Cell Phone: _____ Occupation: _____

Office address: _____ Phone: _____

Email address (for all school correspondence): _____

Siblings: 1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

Student lives with: **Mother** **Father** **Other (please specify)** _____

MEDICAL DETAILS

Emergency contact person(s):

Name/relationship: _____ Phone: _____

Name/relationship: _____ Phone: _____

Doctor's name: _____ Phone: _____

Doctor's address: _____

I agree that:

1. In case of minor accident (cuts/bruises/sprains etc.), the necessary care and medication will be dispensed by the school: **Yes No** 2. In case of emergency, serious accident or illness I agree that the school will contact parents (or emergency contact) and accompany if necessary the child to the nearest Pronto Soccorso (Casualty Ward): **Yes No** Has your child ever been affected by any of the following illnesses:Chicken Pox (Varicella): **Yes No** Meningitis (Menengite): **Yes No** German Measles (Rosolia): **Yes No** Diphtheria (Difterite): **Yes No** Mononucleosis (Mononucleosi): **Yes No** Measles (Morbilli): **Yes No** Whooping Cough (Pertosse): **Yes No** Mumps (Parotite): **Yes No** Scarlet Fever (Scarlattina): **Yes No** Hepatitis (Epatite): **Yes No** Does your child suffer from any of the following:Diabetes (Diabete): **Yes No** Asthma (Asma): **Yes No** Epilepsy (Epilessia): **Yes No** Impaired Vision (Problemi alla vista): **Yes No** Impaired Hearing (Problemi all'udito): **Yes No** Is your child currently taking any sort of regular medication: **Yes No**

If Yes, please specify the type of medication, reason, length of treatment: _____

Has your child been receiving any form of Learning Support? Such as: extra help in class/
English as a Second Language/Occupational or Speech therapy/Other. **Yes No**

If Yes, please specify the type of Learning Support, with dates: _____

Is your child currently under the care of a Psychiatrist/Psychologist: **Yes No** Is your child currently undergoing professional Counselling/Therapy: **Yes No**

LUNCH AT SCHOOL AND SCHOOL TRANSPORT

Is transport required: (minimum age 5 years) **Yes** **No** (subject to availability and distance from school)

Is lunch required: **Yes** **No** (in the case of special dietary requirements provide the school with details and if necessary a medical note)

Please sign below giving permission for The New School to use photographs including your child/ren in school publicity material.

I _____ give do not give permission to The New School to use photographs of my child/children in school publicity material.

Please sign below giving permission for The New School to give your contact details telephone/mobile numbers and/or email address to other parent members of The New School Association.

I _____ give do not give permission to The New School to give my contact details to other parent members of The New School Association.

FINANCIAL MATTERS

Please provide full details of Person/Company/Embassy/Other to whom the invoice should be sent:

Codice Fiscale and/or Partita IVA: _____

Full name: _____

Address: _____

Tel: _____ Email: _____

Date of birth: _____ Place of birth : _____
(where applicable) (where applicable)

In the case of a person being responsible for the payment of school fees, please also provide a photocopy of an identity document of that person

Methods of payment:

By cheque made payable to The New School Association or via direct bank transfer. The school bank details are as follows:

THE NEW SCHOOL ASSOCIATION

Ca.Ri.Parma

Agenzia 39 – Via Flaminia, 453 – 00191 Roma

ABI 06230 - CAB 05089

Conto Corrente 000063350745

IBAN - IT 61 H 06230 05089 000063350745

SWIFT/BIC - CRPPIT2P616

DECLARATION

I agree that:

- Attendance at school is conditional upon payment of all fees on or before the dates set by the school.
- Fees paid after the due dates are subject to a penalty determined annually by the school in accordance with current bank interest rates.
- Fees for students registered during the first five weeks of any term are due in their entirety. After this period fees are calculated on a pro-rata basis.
- A term's notice is necessary before withdrawing a student during the school year, otherwise a full term's fees will be due. The school is under no obligation to refund any part of the school fees.
- The school transport is confirmed for the entire academic year. There is no refund of payment made if a child is withdrawn from the service during the course of the year. The service is paid in two instalments.
- The school takes the final decision on all matters regarding admission, placement and exclusion.

Date: _____ Signature of Parent/Guardian: _____

DOCUMENTS REQUIRED PRIOR TO ENROLMENT

Please attach to this application form the following certificates:

- Complete vaccination certificates.
- Medical certificate stating that your child is physically fit to partake in all school sports activities.
- Birth certificate.
- Doctor's letter if your child has special or particular dietary requirements.

Privacy Law

According to the Privacy Law no. 675/1996, we must inform you that information regarding your personal data is kept in the school filing system and may be used or seen by any member of the school staff. Furthermore, we inform you that you have the right to check, up-date, cancel and rectify your personal data. You may object to data being used if not in accordance with the Privacy Law.

**The New School
Via della Camilluccia, 669
00135 Rome - Italy**

**Tel. +39 06 329 4269
Fax. +39 06 329 7546
www.newschoollrome.com
e-mail: info@newschoollrome.com**