

Please attach
a passport
photo here

APPLICATION FOR ADMISSION

STUDENT DETAILS

Name of student: _____ Male Female

Date of birth: _____ 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) _____

FINANCIAL MATTERS

Parent/Person or Company responsible for payment of fees: _____

(Please provide a photocopy of a document of the parent/person responsible for payment of school fees or full contact details of the Company/Embassy responsible for payments, before the start date)

Is transport required: Yes No (subject to availability and distance from school)

Is lunch required: Yes No (see below for special dietary requirements)

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.), necessary care and medication will be dispensed by the school: Yes No
2. In case of emergency, serious accident or illness the school will contact parents (or emergency contact) and take 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 <input type="checkbox"/> No <input type="checkbox"/>	Meningitis (Menengite):	Yes <input type="checkbox"/> No <input type="checkbox"/>
German Measles (Rosolia):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diphtheria (Difterite):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mononucleosis (Mononucleosi):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Measles (Morbilli):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Whooping Cough (Pertosse):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mumps (Parotite):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Scarlet Fever (Scarlattina):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hepatitis (Epatite):	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 what type of medication, reason, length of treatment: _____

Is your child currently under the care of a Psychiatrist/Psychologist: Yes No

Is your child currently undergoing professional Counselling/Therapy: Yes No

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.
- A term's notice is necessary before cancelling the school transport service during the school year. There is no refund for transport fees, unless a term's notice is given.
- The school takes the final decision on all matters regarding admission, placement and exclusion.

Date: _____ Signature of Parent/Guardian: _____

Methods of payment:

By cheque made payable to The New School Association or via direct bank transfer. Please contact the school accountant for bank details.

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.

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.

The New School
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