

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 the parents (or emergency contact) and accompany if necessary the child to the nearest Pronto Soccorso (Casualty Ward): **Yes** 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 (Morbillo): **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 : \_\_\_\_\_

Are the school fees reimbursed by your employer? Yes  in full  in part  No

**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.
- 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.
- Re-enrolment for the following school year must be confirmed in writing by the end of the 2<sup>nd</sup> term at the latest and the required advance payment made. School may not be able to guarantee a place for families who do not meet this requirement. If a student is withdrawn after confirmation for the new academic year the advance payment is non-refundable.
- In the event that a student is withdrawn between registration and arrival, the registration is non-refundable.
- 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: \_\_\_\_\_

Print name in capital letters: \_\_\_\_\_

Please note that the person who signs will be the parent with the right to vote on matters relating to The New School Association.

## 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 or photocopy of passport.
- 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.

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