

APPLICATION FORM MARYMOUNT INTERNATIONAL SCHOOL

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 Applicant: _____ Male Female
(Family Name) (First Name) (Middle Name)

Fiscal Code / Codice Fiscale: _____ Applying for Grade: _____

Date of Birth: _____ Place of Birth: _____
Day / Month / Year

Nationality 1: _____ Nationality 2: _____

Native language: _____ Other languages spoken: _____

Language(s) spoken at home: _____

Religious affiliation of Applicant: _____

Street Address: _____

City: _____ ZIP / CAP / Postcode: _____

Home Telephone Number: _____

Applicant will take: School Bus School Lunch

EDUCATIONAL DETAILS:

School presently attending: _____ for how many years? _____

Address: _____

Other Schools attended and how many years: 1) _____

2) _____

Has the Applicant ever been evaluated for special needs? YES NO

Has the Applicant received special needs services? YES NO

If yes, please submit copies of any evaluations or service plans.

FATHER'S INFORMATION:

Father's Full Name: _____
(Family Name) (First Name) (Middle Name)

Name of Company or Organization: _____

Occupation/Position: _____ Codice Fiscale: _____

Business / Day Telephone Number: _____ Cellular Phone: _____

E-mail: _____

I authorize Marymount International School to publish my contact details within the password protected Parent Portal. YES NO

MOTHER'S INFORMATION:

Mother's First Name: _____ Maiden Name: _____

Name of Company or Organization: _____

Occupation/Position: _____ Codice Fiscale: _____

Business / Day Telephone Number: _____ Cellular Phone: _____

E-mail: _____

I authorize Marymount International School to publish my contact details within the password protected Parent Portal. YES NO **PARENTS' MARITAL STATUS:**Married Separated Divorced Other Applicant lives with: Both Parents Mother Father Other Who has legal custody? Both Parents Mother only Father only Other **SIBLINGS** applying to / attending the School Name(s) and Grade(s): _____How did you hear about Marymount International School, Rome? Website Advertising Personal Recommendation Relocation Agency Alumni Other

If other please specify: _____

We **authorize** Marymount International School to publish photographs containing my child in print and electronic publications produced and distributed by Marymount International School for informative purposes and in any case connected to the School's activities.YES NO **FEES AND CONDITIONS**

- 1) The Application Form must be accompanied by a **non-refundable** fee of € 400.
- 2) The submission of the Application Form as well as the payment of the above fee does not guarantee the acceptance.
- 3) Applicants expressly declare to be fully aware about the fees and expenses connected with the attendance of the School as specified in the Schedule of Fees.
- 4) The School reserves the right at any time to refuse subsequent enrolment requests of the student and to expel the student, who, in the sole and undisputable opinion of the School, is an unsatisfactory member of the School community.

We hereby apply for admission of: _____ **for the period beginning** _____ **/ 20**
Name of Applicant month

We have carefully read and fully accept the above conditions. We understand that once the Applicant has been accepted, and we have signed the Confirmation of Acceptance we will have entered into a binding contract with the School and we agree to comply with the terms and conditions set out therein. Should the School not accept the Applicant, no further payment (other than the non-refundable Application fee provided under Article 1 above) will be due.

SIGNATURES Father: _____ Mother: _____

Guardian (if applicable): _____ **DATE:** _____

We specifically approve, pursuant to Article 1341 of the Italian Civil Code, the following conditions: 1, 2, 4, 5, and 6.

SIGNATURES Father: _____ Mother: _____ Guardian (if applicable): _____

Employer will be responsible for the payment of the School's fees: YES NO

If yes, please send the bill to: _____