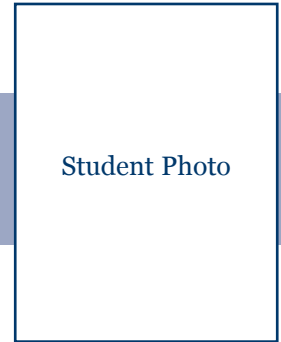


Office use only

Date received: _____ / _____ / _____
day month year

For academic year _____ Applying for Grade _____ Current Grade _____



STUDENT INFORMATION

Name: _____ Preferred Name: _____
As written on Passport (Family name) (First name) (Middle name)

Date of birth: ____ / ____ / _____ Place of birth: _____ Country of residency: _____
day month year City, Country

Fiscal Code (Italian Codice Fiscale) _____ Gender: Female Male
Must be submitted within 30 days of the start of School

Current Grade level: _____ Applying for Grade: _____ Expected start date: _____

Student religion: _____

Nationality 1: _____ Nationality 2: _____

Student will take the School Bus: Yes No

STUDENT EDUCATION HISTORY

School presently attending: _____ For how many years: _____

Language/languages of instruction: _____

Type of curriculum: American British Other If other please specify: _____

Address: _____

City: _____ Country: _____ ZIP Code: _____

School Email: _____

Contact person for recommendations: _____
position, name and email

OTHER SCHOOLS ATTENDED

School Name, City, Country: _____ How many years: _____

Language/languages of instruction: _____

Type of curriculum: American British Other If other please specify: _____

School Name, City, Country: _____ How many years: _____

Language/languages of instruction: _____

Type of curriculum: American British Other If other please specify: _____

APPLICATION FORM

STUDENT LEARNING PROFILE

Please list the languages your child speaks and indicate the level.

Languages spoken	Native	Advanced	Intermediate	Beginners	Years of exposure to the language
1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Has the student previously been enrolled in an ELL/ESL/EAL program? Yes No
English Language Learners/English as a Second Language/English as an Additional Language

Has the student ever received support in the following areas? _____
If yes, please enclose a letter from relevant teachers/professionals.

Gifted/Talented: Yes No Occupational/Physical Therapy: Yes No
Speech/Language Therapy: Yes No Learning Support Services: Yes No
Guidance Counselor: Yes No Other: _____
Behavioral/emotional *If other please specify*

Has the student ever followed and Individualized Learning Plan? Yes No
If yes please provide report.

Please indicate any other information you feel would be helpful/relevant: _____

PARENT CONTACT INFORMATION

Relationship to the Student: Mother Father Guardian Other _____
(please specify)

Name: _____
As written on Passport *First, Middle, Last*

Date of birth: ____ / ____ / ____ Place of birth: _____ Country of residency: _____
day month year *City, Country*

Italian Fiscal Code (Codice Fiscale): _____
Must be submitted within 30 days of the start of School

Address of residency: _____

City: _____ Country: _____ ZIP Code: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Preferred Email: _____

Employer: _____ Position/Title: _____

PARENT CONTACT INFORMATION

Relationship to the Student: Mother Father Guardian Other _____
(please specify)

Name: _____
As written on Passport *First, Middle, Last*

Date of birth: ____ / ____ / ____ Place of birth: _____ Country of residency: _____
day month year *City, Country*

Italian Fiscal Code (Codice Fiscale): _____
Must be submitted within 30 days of the start of School

Address of residency: _____

City: _____ Country: _____ ZIP Code: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Preferred Email: _____

Employer: _____ Position/Title: _____

FAMILY STATUS

Parent's marital status: Married Separated Divorced Partners Single Parent

Student lives with: Both Mother only Father only Other: _____
If other please specify

Who has legal Custody: Both Mother only Father only Other: _____
If other please specify

If mother, father or guardian have sole custody please provide appropriate documentation.

Where should correspondence be sent?

Parents' address Mother's address Father address Other address (Please specify below)

Italian mailing address: _____
If different from address of residency

City: _____ ZIP Code: _____

SIBLINGS INFORMATION

Name	School attending	Grade	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about Marymount International School, Rome?

Website Advertising Personal Recommendation Relocation Agency Alumni Other

If other please specify: _____

AUTHORIZATION

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 and promotional uses, such as yearbook, videos and social media.

Yes No Parent Signature _____ Parent Signature _____

FEES AND CONDITIONS

- This Application Form must be accompanied by a **non-refundable** fee of € 400.
- The submission of the Application Form as well as the payment of the above fee does not guarantee the acceptance.
- 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**.
- 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.
- The School reserves the right at any time to withdraw its acceptance of a child if any information provided within this form is found to be inaccurate and/or material and relevant information regarding the child has been withheld by the family.

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: _____ Date: _____

Mother: _____ Date: _____

Guardian: _____ Date: _____

(if applicable)

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

SIGNATURES Father: _____ Date: _____

Mother: _____ Date: _____

Guardian: _____ Date: _____

(if applicable)

Employer will be responsible for the payment of the School's fees: Yes No

If yes, please send the bill to: _____