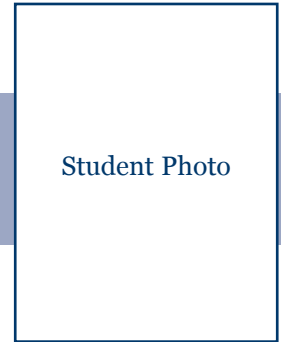


*Office use only*

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: \_\_\_\_\_

## 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: \_\_\_\_\_