APPLICATION FORM

Office use only]
	Date received: / //	month	/ year	Student Photo	
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:	-
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: \Box American \Box British \Box Other If	other please specify:
Address:	
City: Country:	ZIP Code:
School Email:	
Contact person for recommendations:	
position	n, name and email
OTHER SCHOOLS ATTENDED	
School Name, City, Country:	How many years:
Language/languages of instruction:	
Type of curriculum: \Box American \Box British \Box 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:

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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:						
2:						
3:						
4:						
Has the student previously been English Language Learners/English a					🗋 No	
Has the student ever received su If yes, please enclose a letter from relea		-	as?			
Gifted/Talented:	Y es	D No	Occupation	nal/Physical Therap	oy: 🛛 Y	es 🛛 No
Speech/Language Therapy:	Y es	D No	Learning S	upport Services:	🛛 Y	Yes 🔲 No
Guidance Counselor: Behavioral/emotional	Yes	No	Other:		If other plea	ise specify
Has the student ever followed a <i>If yes please provide report.</i>	nd Individua	llized Learnin	ng Plan? 🔲 Y	Zes 🔲 No		
Please indicate any other inform	ation you fee	l would be he	lpful/relevant:			
PARENT CONTACT IN	IFORMAT	ION				
Relationship to the Student:	Mother	Generation Father	Guardian Guardian	n Other		e specify)
Name:						
As written on Passport		Firs	t, Middle, Last			
Date of birth: / / /		birth:	City, Country	Country of	residency:	
Italian Fiscal Code (Codice Fisca Must be submitted within 30 days of th						
Address of residency:						
City:	Country	*		ZIP Code:_		
Home Phone:		M	obile Phone:			
Work Phone:		Pr	eferred Email: _			
Employer:		Po	osition/Title:			

PARENT CONTA	ACT INFORMAT	ION			
Relationship to the Stud	dent: 🛛 Mother	☐ Father □	Guardian	Other	
				()	please specify)
Name:					
As written on Passport		First, Midd	lle, Last		
Date of birth: / day mon			ty, Country	Country of residen	cy:
Italian Fiscal Code (Cod Must be submitted within 30					
Address of residency:					
City:	Country	/:	2	ZIP Code:	
Home Phone:		Mobile	Phone:		
Work Phone:		Preferre	ed Email:		
Employer:		Position	/Title:		
FAMILY STATUS	S				
Parent's marital status:	Married	Separated	Divorced	Partners	Single Parent
Student lives with:	Both	☐ Mother only	Given Section Father only	Other:	If other please specify
Who has legal Custody:	Both	General Mother only	Given Section Father only	Other:	If other please specify
If mother, father or gua	rdian have sole custo	ody please provide	appropriate docum	nentation.	
Where should correspon	ndence be sent?				
Parents' address	☐ Mother's addre	ess 🔲 Father a	ddress	Other address (Plea	se specify below)
Italian mailing address: If different from address of re					
City:			2	ZIP Code:	

SIBLINGS INFORMATION

Name	School attending	Grade	Age

APPLICATION FORM

How did you hear about Marymount International School, Rome?					
U Website	☐ Advertising	Personal Recommendation	Relocation Agency	🖵 Alumni	Other
If other please	specify:				

FEES AND CONDITIONS

1. This 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.

5. 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 witheld 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, 2,3 4 and 5 listed above.

SIGNATURES	Father:	Date:
	Guardian:	Date:
	(if applicable)	
Employer will be a	responsible for the payment of the School's fees: \Box Yes \Box No	
If yes, please send	the bill to:	