



Please affix a recent photograph of your child here.

## APPLICATION FORM

Pre-K – 12<sup>th</sup> Grade

Academic Year: **2017- 2018**

**\$100 non-refundable fee is required.**

### APPLICANT INFORMATION

Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender: Female: \_\_\_\_ Male: \_\_\_\_ Birth date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_  
City and Country

Citizenship: \_\_\_\_\_ Visa No.: \_\_\_\_\_  
Not applicable for US Citizens or US Permanent Residents

Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected length of stay in the US: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Year Entered Current School: \_\_\_\_\_

Current School: \_\_\_\_\_

School address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Head of School: \_\_\_\_\_ School Phone: \_\_\_\_\_ School Email: \_\_\_\_\_

Other school(s) attended: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

This student has sibling(s) that attend(s) "La Scuola d'Italia":

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Grade: \_\_\_\_ Year of entry: \_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Grade: \_\_\_\_ Year of entry: \_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Grade: \_\_\_\_ Year of entry: \_\_\_\_

Other family members who have attended La Scuola d'Italia:

Name \_\_\_\_\_ Year(s) Attended: \_\_\_\_\_

Name \_\_\_\_\_ Year(s) Attended: \_\_\_\_\_

Name \_\_\_\_\_ Year(s) Attended: \_\_\_\_\_

This student has a parent/guardian that is a full-time employee of La Scuola d'Italia: Yes: \_\_\_\_\_ No: \_\_\_\_\_

## FAMILY INFORMATION

Parents are: Married  Separated  Single  Divorced  Other: \_\_\_\_\_

**PARENT ONE** Relationship to applicant: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Street address: \_\_\_\_\_

City: \_\_\_\_\_ State/Provincia: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

**PARENT TWO** Relationship to applicant: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Street address: \_\_\_\_\_

City: \_\_\_\_\_ State/Provincia: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

**OTHER PARENT OR LEGAL GUARDIAN** Relationship to applicant: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Street address: \_\_\_\_\_

City: \_\_\_\_\_ State/Provincia: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Applicant lives with: Parent One  Parent Two  Both  Legal Guardian  Other: \_\_\_\_\_

Send all communications to: Parent One  Parent Two  Both  Legal Guardian  Other: \_\_\_\_\_

Send bills to: Parent One  Parent Two  Both  Legal Guardian  Other: \_\_\_\_\_

Person (other than parent/legal guardian) authorized to be contacted in case of emergency and for information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

How did you find out about La Scuola?

Family/Friends  Italian or Other Consulate  Website  Newspaper/Magazine  Other: \_\_\_\_\_

La Scuola d'Italia does not discriminate on the basis of race, color, sexual orientation, national and ethnic origin in administration of its educational policies, admissions policies, financial assistance programs, and other school-administered programs.

**Two letters of reference** introducing your family to La Scuola d'Italia and a non-refundable application fee of **\$100** are required. If you have any questions, please contact us at 212.369.3290 or [admissions@lascuoladitalia.org](mailto:admissions@lascuoladitalia.org).

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Accepted By: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

Date Of Enrollment: \_\_\_\_\_ Date Of Withdrawal (mm/dd/yy): \_\_\_\_\_