



APPLICATION FORM

Pre-K – 12th Grade

ACADEMIC YEAR: 2018- 2019

Affix photograph
of your child here

APPLICATION FEE \$100
(non-refundable)

APPLICANT INFORMATION

Student's First and Last Name: _____ Gender: Male: ___ Female: ___

Applying for Grade: _____ Birth date (mm/dd/yy): ____ / ____ / ____ Birthplace: _____

Citizenship: _____ *Visa No.: _____

Place & Date of Issue: _____ Expected length of stay in the USA: _____

Current School: _____ Year entered school: _____ Current Grade: _____

School address: _____ City: _____ State: _____ Zip: _____

Head of School: _____ School telephone: _____

Other school(s) attended (if any): _____ City: _____ State: _____

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

Sibling 1: _____ Sibling 2: _____ Sibling 3: _____

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

Student's Interests: Art Sports Technology Reading Others _____

Has any member of your family attended La Scuola? _____

How did you find out about La Scuola? Friends/Family Web Newspapers/Magazines School Fairs Other _____

Language/s spoken at home: _____

Age requirements: Students admitted to the Pre-K class must be 3 years of age by December 31st of the school year in which registered. The child must also be toilet trained. Children born in January of the school year and toilet trained may also be admitted, but may begin attending after the start of school. Students admitted to K must be 5 years of age by December 31st of the school year; students admitted to first grade must be 6 years of age by December 31st of the school year. Children turning 6 by April 30th may be admitted to first grade only if they have previously completed 3 years of school (2 years of Preschool and 1 year of Kindergarten).

Two reference letters introducing the family to the school are kindly required.

**Not Applicable to US Citizens and US Residents*

FAMILY INFORMATION

Parents are: Married Separated Single Divorced Other: _____

PARENT ONE - Title and Name: _____ Relationship to applicant: _____

Birthplace: _____ Birth date (mm/dd/yy): _____ Social Security/Codice Fiscale _____

Street address: _____

City: _____ State: _____ Zip: _____ Country _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Education: _____

Occupation: _____

Business Name: _____ Business tel. #: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

PARENT TWO - Title and Name: _____ Relationship to applicant: _____

Birthplace: _____ Birth date (mm/dd/yy): _____ Social Security/Codice Fiscale _____

Street address: _____

City: _____ State: _____ Zip: _____ Country _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Education: _____

Occupation: _____

Business Name: _____ Business tel. #: (_____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Applicant lives with: Parent One Parent Two Both Other: _____

*PLEASE SPECIFY AND GIVE NAME
Telephone #*

Other - Parent/Guardian address: _____

Address & Zip Code: _____

Send all communications to: Parent One Parent Two Both Other: _____

Send bills to: Parent One Parent Two Both Other: _____

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

NAME: _____ RELATIONSHIP: _____ TEL. #: _____

NAME: _____ RELATIONSHIP: _____ TEL. #: _____

Address: _____ Apt #: _____ City: _____ State: _____ Zip Code: _____

Home Tel. Number: (____) _____ - _____ Fax Number: (____) _____ - _____ E-Mail: _____

La Scuola d'Italia "Guglielmo Marcon"i is open to all students who qualify for admission, without regard to race, religion, sex, or national origin.

For additional information, please visit us at www.lascuoladitalia.org

Date: _____ Signature of Parent/ Legal Guardian: _____

FOR OFFICE USE ONLY

Accepted By: _____ Date (mm/dd/yy): _____

Date Of Enrollment: _____ Date Of Withdrawal (mm/dd/yy): _____