



## APPLICATION FOR ADMISSION

### Student Information

Family Name					First Name					Sex				
Date of Birth (dd/mm/yyyy)	(dd/mm/yyyy)		Place of Birth					Country						
Nationality	1.				2.									
Codice Fiscale If available														

RECENT PHOTO

### Application to

School Year					Expected Entry Date					Expected Length of Stay					
Grade Applying for	PS	PK	KG	Gr1	Gr2	Gr3	Gr4	Gr5	Gr6	Gr7	Gr8	Gr9	Gr10	Gr11	Gr12

### Language Skills

Mother Tongue Language					Second Language					
Language spoken at home by the father					Language spoken at home by the mother					
Dominant Academic Language (taught at school)					No. Years			Other Language(s)		

### Medical Information

(*) Is there any allergy or intolerance that the school should be aware of?	Yes	No
---	-----	----

(*) Is your child currently or periodically taking medications?	Yes	No
---	-----	----

(*) Is there any reason for your child to have restricted physical activity?	Yes	No
--	-----	----

(\*) If yes, please write or attach additional information

#### OFFICE USE ONLY:

School Records  Academic Information  Portfolio  Screening  Waiting list # \_\_\_\_\_  Date \_\_\_\_\_

## Current School Information

Current School	City	Country
School Telephone	Email Address	
Attended since School Year	Current Grade	Language of Instruction
(*) Have there been any disciplinary or emotional concerns?	Yes	No
(*) Has your child ever participated in an accelerated program?	Yes	No
(*) Has your child ever been tested for learning difficulties?	Yes	No
(*) Has the student ever participated in a remedial program?	Yes	No
<b>I hereby give The International School in Genoa permission to contact current/previous schools attended</b>	Yes	No

(\*) If yes, please write or attach additional information

## Family information

Father		Mother	
Family Name		Family Name	
First Name		First Name	
Date of Birth		Date of Birth	
Place of Birth		Place of Birth	
Nationality		Nationality	
Home Telephone		Home Telephone	
Mobile Phone		Mobile Phone	
Email address		Email address	
Employer		Employer	
Profession		Profession	
Work Telephone		Work Telephone	
Lives with student	Yes	No	Lives with student
			Yes
			No
Family status	<input type="checkbox"/> Parents live together or married <input type="checkbox"/> Parents separated or divorced* <input type="checkbox"/> Single parent		

(\*) In case of divorced/separated parents, who has legal custody of the child?

**Please attach proof of custody**

## Requested documents

<b>Copy of previous school records (3 School Years)</b>	<b>Letter of Personal Recommendation</b>
<b>Student's Portfolio</b>	<b>Letter of Recommendation - Math</b>
<b>2 passport photos</b>	<b>Letter of Recommendation - Language Arts</b>

Date \_\_\_\_\_ Parent or Guardian \_\_\_\_\_