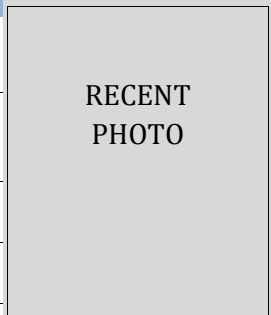




## APPLICATION FOR ADMISSION

### 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											



### 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
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(*) Is your child currently or periodically taking medications?	Yes	No
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(*) Is there any reason for your child to have restricted physical activity?	Yes	No
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(\*) If yes, please write or attach additional information

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

## Current School Information

Current School	City	Country
School website		
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

## FOR APPLICATIONS TO GRADES 1 TO GRADE 11 ONLY

Please indicate below the contact information for the person in your current school who will support us in administering the screening tests.

Name	Phone	Email
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## Family Information

Father		Mother	
Family Name		Family Name	
First Name		First Name	
Nationality		Nationality	
Telephone		Home Telephone	
Email address		Email address	
Lives with student	Yes      No	Lives with student	Yes      No
Family status	<input type="checkbox"/> <i>Parents live together or married</i> <input type="checkbox"/> <i>Parents separated or divorced*</i> <input type="checkbox"/> <i>Single parent</i>		

## Documents requested for application

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

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