

KENDALE INTERNATIONAL SCHOOL

info@kendale.it

**ENROLMENT FORM 2024/25
NEW STUDENTS**

Name of child _____
Surname _____ Name _____

Cod. Fisc. _____

Birth date _____ Place of birth _____

Citizenship _____ Languages spoken _____

Address _____ C.A.P. _____

Home telephone _____ Father's name _____

Mobile tel. _____ E-mail address _____

Mother's maiden name _____

Mobile tel. _____ E-mail address _____

To whom should communications be addressed. (Which parent?) _____

I hereby give permission for our telephone number to appear on the class lists _____

Private transport may be arranged at an extra cost

EXTRAS REQUIRED

(during school hours)

_____ *piano*
(6+)

_____ *recorder flute*
(5+)

_____ *guitar*
(6+)

(The number of children for each group is limited so please confirm by May)

(Three months written notice is required if a child is to be withdrawn during the school year.)

N.B. Every new enrolment must be accompanied by a non-refundable registration fee of €700,00 and a non-refundable deposit of €1.000,00 (1st instalment tuition).

Today's date...../...../.....

Parent's signature _____

P.T.O.

Previous schools attended

year

grade

OLDER BROTHERS and/or SISTERS

YOUNGER BROTHERS and/or SISTERS

name _____
birthday _____

name _____
birthday _____

name _____
birthday _____

name _____
birthday _____

Our school was recommended by: _____

Illnesses:

Mumps _____

Chicken pox _____

Measles _____

Whooping cough _____

Scarlet fever _____

Other _____

Any hospitalization: _____

All vaccination certificates are up to date _____

Yes

No

To whom should receipts be addressed. (Which parent) _____

Cod. Fisc. _____ **Address** _____

I agree to pay the yearly tuition fees which are relevant to my child's'/children age group and I understand that a fine amounting to 5% of the fee will be applicable in the case of late payment.

Today's date: _____ Parent's signature: _____