KENDALE INTERNATIONAL SCHOOL

info@kendale.it

ENROLMENT FORM 2026/27
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	*recorder flute*	*guitar*
(6+)	*(5+)*	*(6+)*

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

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Three months written notice is required if a child is to be withdrawn during the school year.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

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

name _____
birthday _____

name _____
birthday _____

YOUNGER BROTHERS and/or SISTERS

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***

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*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:*_____