

# APPLICATION FOR ADMISSION

Early Childhood, Primary School or Middle School



I am applying for my child as a student beginning \_\_\_\_\_ (dd/mm/yyyy)

## 1) Applicant Information

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Gender M \_\_\_\_\_ F \_\_\_\_\_ Date of birth \_\_\_\_\_ (dd/mm/yyyy)  
Place of birth (city and country) \_\_\_\_\_  
Nationality(ies) \_\_\_\_\_  
Applicant's primary language(s) spoken at home \_\_\_\_\_  
Other language(s) spoken \_\_\_\_\_  
Number of years of Instruction in English \_\_\_\_\_

## 2) Parent/Guardian Information

Parent/guardian's name and relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Postal code \_\_\_\_\_ Neighborhood \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Work (name of employer and position held) \_\_\_\_\_  
Nationality(ies) and languages spoken \_\_\_\_\_

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Address \_\_\_\_\_  
City \_\_\_\_\_ Postal code \_\_\_\_\_ Neighborhood \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Work (name of employer and position held) \_\_\_\_\_  
Nationality(ies) and languages spoken \_\_\_\_\_

To whom should Admission Office correspondence be sent to? \_\_\_\_\_

## 3) School History

Name and location of present school/pre-school \_\_\_\_\_  
Present grade \_\_\_\_\_ or level (UK system) \_\_\_\_\_

How would you describe the applicant's school (or pre-school) experience to date?

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Has the applicant ever been evaluated/tested for special needs? Yes \_\_\_ No \_\_\_

Has the applicant received special needs services? Yes \_\_\_ No \_\_\_

If yes, please explain (attach an additional sheet if necessary)

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List name(s) and age(s) of other child(ren) attending Ambrit

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Names and ages of other children and schools they attend (If at Ambrit, please mark with an asterisk (\*))

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Did either parent or guardian attend Ambrit (for female alumni, indicate maiden name)?

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List any other relatives who attend or have attended Ambrit and state relation

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How did you learn about Ambrit? \_\_\_\_\_

#### 4) Financial information

Name of the person who is financially responsible for the applicant

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Do you receive reimbursement in full or in part for school fees? Yes \_\_\_ No \_\_\_

If yes, indicate source \_\_\_\_\_

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**Important:** I have read and accept the conditions set forth in the fee schedule (check box) \_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*The application form should be sent, faxed or e-mailed to:  
Ambrit Rome International School  
Via Filippo Tajani 50  
00149 Rome, Italy*

*Fax: 39-06-5595309  
E-mail: admissions@ambrit-rome.com*