



# FONDAZIONE LEVIS PLONA - BILINGUAL PRIVATE SCHOOL

## REGISTRATION FORM FOR 2022/2023

The undersigned \_\_\_\_\_  PARENT  
 CUSTODIAL PARENT  
 GUARDIAN

### ASKS TO REGISTER FOR THE 2021 / 2022 SCHOOL YEAR

PRESCHOOL  ELEMENTARY SCHOOL

#### FOR THE STUDENT

SURNAME \_\_\_\_\_ NAME \_\_\_\_\_

Born in \_\_\_\_\_ Country / Providence \_\_\_\_\_

On the \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male

Resident in (name of city) \_\_\_\_\_ via \_\_\_\_\_ nr. \_\_\_\_\_

Nationality \_\_\_\_\_ Fiscal code \_\_\_\_\_

If the student was not born in Italy, please indicate when the child arrived in Italy \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous School \_\_\_\_\_ The child attended Class \_\_\_\_\_

#### DECLARES

under its own responsibility, aware of the penal sanctions in the case of untruthful declarations and false documents, referred to in art. 76 of the D.P.R. 28/12/2000 nr. 445, as well as based on the rules on streamlining administrative activity

that \_\_\_\_\_ (student's name) parents' personal data is the following:

	FATHER	MOTHER
SURNAME AND NAME		
PLACE OF BIRTH		
DATE OF BIRTH		
RESIDES WITH CHILD	<input type="radio"/> YES <input type="radio"/> NO*	<input type="radio"/> YES <input type="radio"/> NO*
EXERCISES PARENTAL RESPONSIBILITY	<input type="radio"/> YES <input type="radio"/> NO*	<input type="radio"/> YES <input type="radio"/> NO*
TELEPHONE NR		
CELL NR		
E-MAIL		

\*if the parent doesn't reside with the child but has parental responsibility, please indicate the residency:

VIA \_\_\_\_\_ NR. \_\_\_\_\_ CITY \_\_\_\_\_

KINSHIP	NAME AND SURNAME	PLACE OF BIRTH	DATE OF BIRTH

Did the student go to a nursery school previously?  YES  NO

Did the student go to a preschool previously? If yes, for \_\_\_\_\_ years.  YES  NO

Has the student done all the mandatory vaccinations?  YES  NO

Which ULSS / health facility are you under? \_\_\_\_\_

Does the student have a pathology of some sort?  YES  NO

Does the student require medication / life saver medications at school?  YES  NO

Does the student have any food intolerance or allergy?  YES  NO

If yes, which? \_\_\_\_\_

(Please attach declaration from your doctor)

Is there anything else you feel we need to know? \_\_\_\_\_

**YOU ALSO DECLARE, UNDER YOUR OWN RESPONSIBILITY, THAT YOU HAVE SEEN AND UNDERSTOOD THE FOLLOWING DOCUMENTS:**

- **School Rules**
- **Education Plan**
- **PTOF**
- **Privacy Act** (valid for all school years in this Institution, unless otherwise requested)

I authorize the school to use the data contained in this self-certification exclusively within and for institutional purposes of the Public Administration (Legislative Decree 30/06/2003 n. 196 and subsequent amendments, regularly (EU) 2016 /679)\*

Vicenza, \_\_\_\_/\_\_\_\_/\_\_\_\_ Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

**THE REQUEST IS VALID ONLY IF COMPLETE DOCUMENTATION IS GIVEN AND THE PAYMENT OF THE REGISTRATION FEE.**