



FONDAZIONE LEVIS PLONA - BILINGUAL PRIVATE SCHOOL

REGISTRATION FORM FOR 2023/2024

The undersigned _____ PARENT
 CUSTODIAL PARENT
 GUARDIAN

ASKS TO REGISTER FOR THE 2023 / 2024 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.