



Fondazione Levis Plona

SCUOLA PARITARIA INFANZIA E PRIMARIA - INDIRIZZO BILINGUE ITALIANO-INGLESE

VICENZA VI1A180007 - VI1E00300V

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segreteria@levisplona.it - PEC:levisplona@pec.it sito: www.levisplona.it

REGISTRATION FORM FOR 2024/2025

The undersigned _____ PARENT
 CUSTODIAL PARENT
 GUARDIAN

ASKS TO REGISTER FOR THE 2024 / 2025 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? _____

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 _____

Attached:

- A copy of each parent's ID card or passport, the child's ID card or passport and codice fiscale
- Signed Privacy Act form valid for all the years the student will be enrolled in our school
- Other documentation (please specify) _____

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

- you confirm that you have seen the Three year Education plan, also visible in the following link:
<https://www.levisplona.it/documenti/>
- you guarantee that you will respect the school's hours and the organization as decided and stated in the Educational Pact "Patto Educativo" and as written in the school's rules which can be found in the following link: <https://www.levisplona.it/documenti/>
- You declare that you share the Christian-inspired school educational project and the lines of teaching and training activities as specified in the PTOF
- You ensure your participation in moments of sharing and discussion of the educational path
- You have signed the following school performance contract and agree to abide by its provisions.

ENROLLMENT IS CONSIDERED VALID ONLY IF ALL DOCUMENTATION REQUESTED HAS BEEN SIGNED AND CONSIGNED TO THE SECRETARIAT AND IF THE REGISTRATION FEE HAS BEEN PAID.

Date _____

Father's Signature _____

Mother's Signature _____

MONTHLY TUITION FEES FOR THE SCHOOL YEAR 2024/2024

NURSERY SCHOOL

Registration is for children who turned three by the 30th of April, 2024

SCHOOL SCHEDULE: 8:30/9:00-15:30 (flexible timetable from 7:30am to 6pm)

ANNUAL REGISTRATION FEE includes: insurance, heating, management and general expenses: bibs, towels and bedding.	370,00 €
MONTHLY FEE N° 10 fees (September-June) include: fruit in the morning, lunch and an afternoon snack weekly, motricity education and music lessons are included in the fee. It does not include early entry or afterschool activities.	370,00 € to which we will add the ISTAT increase confirmed in August 2024 which in any case will not exceed 20 Euro.

ISTAT INCREASE CHARGE WILL NOT BE APPLIED TO SIBLINGS. THE MONTHLY FEE REMAINS UNCHANGED AT 296.00 €. SIBLINGS HAVE A 20% DISCOUNT ON THE MONTHLY FEE. A 2% DISCOUNT IS GIVEN FOR THOSE THAT PAY THE YEARLY FEE IN A SINGLE PAYMENT.

THE REGISTRATION FEE AND THE MONTHLY FEES CAN BE PAID

- on the c.c.b. registered to : Fondazione Levis Plona
IBAN: IT 57 E 03069 11894 1 0000 0005 095 Banca Intesa Vicenza
- or at the secretariat with ATM or credit card

MONTHLY FEES MUST BE PAID BY THE 5TH OF EACH MONTH

I accept the above conditions and have taken note of what is written in the Regulations of the School. I commit to abide with the agreement

Vicenza, ____/____/____

Parent's Signature _____
