



please attach a passport-size photo here

APPLICATION FOR SUMMER ENROLLMENT

Return application, payment, copy of insurance card (if applicable), and photo to the school in Grado at the address given below.

STUDENT INFORMATION

last name first name
male female nationality birthday (day/mo./yr)

Permanent Address

street address
city state postal code country
permanent tel. no. work tel. no. fax no.
e-mail address

Present Address (if different from above)

street address
city state postal code country
present telephone no.
if temporary, dates you will be at this address (from-to)

- Course Enrolling in
Intermediate Intensive Italian
Italian for Travellers
Advanced Intermediate Italian
Beginning Intensive Italian
Advanced Intensive Italian
Adv. Beginning Intensive Italian
Advanced Ital. Lit. & Lit. Crit.

Dates Enrolled
(Please write out month(s) to avoid confusion.)

Preferred Accommodation

- Room in a Family Home
Room in a Hotel
Bed & Breakfast
Private Apartment

I prefer to spend per night in Euros

Travel Arrangements

I plan to arrive in Grado on and depart Grado on
The approximate time of day I plan to arrive in Grado is

How did you hear about Scuola Insieme?

Payment Policy

Because most classes will fill up completely, a non-refundable deposit equal to at least 30% of tuition is required to ensure your place in a class. You may pay either by bank cheque or by bank electronic wire transfer. To pay by electronic wire transfer, wire your payment to the school's USA or Italian bank account (please inquire for instructions). To pay by bank cheque, send to the school in Grado (address given below) an international cashier's cheque made out in euros to 'Scuola Insieme.' Receipts will be sent out promptly via post and email.

Release Form

I, the undersigned, as a condition of my admission to Scuola Insieme (SI), do hereby waive and release all claims against SI and its officers, employees, or agents, for any injury, loss, damage, accident, delay or expense. I also release SI and its officers, employees, and agents, and agree to indemnify them, with regard to any financial obligations or liabilities that I may personally incur, or any damage or injury to the person or property of the others that I may cause, while participating in the program of SI. I understand that all tuition is non-refundable.

signature date

EMERGENCY RELEASE INFORMATION

If you have private insurance, please attach a photocopy of your health insurance card (front and back). All information is strictly confidential, and is for staff and faculty use only in the event of an emergency.

Person to Contact in Case of Emergency

name of person to contact in case of an emergency relation
street address
city state postal code country
home telephone no. work telephone no.

Personal Health Information

Do you have dietary restrictions or requirements? yes no
If yes, please explain

Do you have allergies? yes no If yes, please explain

Do you regularly take any medication(s)? yes no
If yes, please explain

Please indicate any medical conditions you feel we need to be made aware of at this time:

Health Insurance Provider (if applicable)

health insurance provider policy no.
street address
city state postal code country
insurance claims telephone no. no. to telephone from overseas

If applicable, please attach a photocopy of your health insurance card (front and back).