



please attach a passport-size photo here

APPLICATION FOR SUMMER ENROLLMENT

Return application, payment, copy of insurance card (if applicable), and photo to the address of the USA office given below.

STUDENT INFORMATION

EMERGENCY RELEASE INFORMATION

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

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.

Permanent Address

Person to Contact in Case of Emergency

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

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

Present Address (if different from above)

Personal Health Information

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

Do you have dietary restrictions or requirements?
If yes, please explain.
Do you have allergies?
Do you regularly take any medication(s)?

Course Enrolling in
Intermediate Intensive Italian
Advanced Intermediate Italian
Advanced Intensive Italian
Advanced Ital. Lit. & Lit. Crit.
Dates Enrolled

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

Preferred Accommodation

Health Insurance Provider (if applicable)

Room in a Family Home
Room in a Hotel
Bed & Breakfast
Private Apartment
I prefer to spend per night in Euros

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

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.

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.

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

signature date