



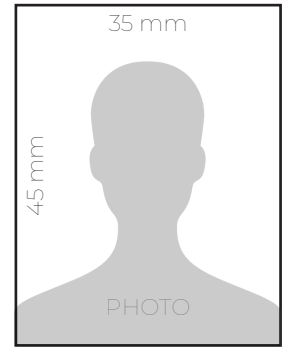
ROYAL INTERNATIONAL SCHOOL

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www.royalinternational.it

+39 351 338 7330



Office use only

Date : ___ / ___ / ____

Admission No :

Admission year : 20 ___ / 20 ___

Application and Admission

Thank you for your interest in the Royal International School. Our mission is to provide students with diverse learning opportunities in a multicultural context, empowering them with the tools to recognize their individual potential and succeed in their community, contributing to society as citizens.

Please complete and turn in the following:

- Student's Application
- Transcript Release (Except Kindergarten)
- Non-refundable Application Fee of.
(Check, Credit Card or Money Order)

Please submit a copy of the following

- Student's Birth Certificate
- Medical Insurance Card/Medicaid Card
- Student's Immunization record
- Previous year Report Card or other standardized test results.
- Annual income documentation for most recent year.

(Application will not be processed unless all the above checkboxes are completed.)

Student's Application

Child's Name: _____

Full Name: _____

Date of Birth: _____

Male Female

Grade Level Applying For: _____

Today's Date: _____

Did someone refer you to The Royal International School ? Please give their name:

Parent/Guardian's Name: _____

Relationship to Child: _____

Marital Status: _____

Address: _____

Phone

Home _____ Cell _____ Work _____

Email _____

Student lives primarily with

- Both parents
- Mother & Stepfather
- Mother only
- Father & Stepmother
- Father only
- Other (please give relationship)

Please list all previous schools attended

Years Attended: _____

School: _____

City: _____

State: _____

Phone Number: _____

Has the applicant ever been on probation, suspended, dismissed or withdrawn from any school? Yes or No (circle one)

Medical Consent Form

Child's Doctor: _____

Office Phone: _____

Office Address: _____

Persons other than the parents/guardians to contact if your child becomes ill or injured during the time he/she is at The Royal International School and you cannot be reached:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Medical Care Policy

If my child, _____ become ill or suffer an accident of any kind while he/she is in the care of The Royal International School, the staff shall undertake to contact me immediately. The Royal International School and/or its designated staff shall be authorized to secure and to consent to such medical attention, treatment, and services for my child as deemed necessary. Any qualified person providing such required medical attention, treatment, and services for my child may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred. I have read the above policy, and agree to abide as long as my child is enrolled as a student at The Royal International School.

Parent or Legal Guardian

Name _____ Signature _____ Date _____

Transcript Release Form

Note to Parent/Guardian: Upon acceptance to The Royal International School, we will send this to your child's current school to obtain their records. I give my permission for:

Name of Current School: _____

Address: _____

Phone Number: _____

Admissions Email Address: _____

To release all transcripts and school records (e.g. report cards, standardized test results, behavioral/disciplinary actions and health records) for my child:

Student's Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Note to School: Please forward the cumulative records for this student at your earliest convenience to:

School address: _____

Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/ videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

_____ Yes, I give consent for Royal International School to photograph my child for school purposes and/or at school events.

_____ No, I do not authorize Royal International School to photograph for my child for any event.

Parent's Signature: _____ Date: _____

Student's Name: _____

NOTE

In case of additional changes due to exams, school expenses, or any other circumstances the parent is obligated to pay.

Parent's Signature: _____ Date: _____