



**LA SCUOLA ITALIANA A LONDRA**

Bilingual Italian and English School with Nursery

154-156 Holland Park Avenue LONDON W11 4UH tel.02076035353

## REGISTRATION FORM

### DETAILS OF CHILD

Surname of your Child: \_\_\_\_\_

First Names: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Girl/Boy (please delete) Nationality: \_\_\_\_\_

First Language: \_\_\_\_\_ Religion: \_\_\_\_\_

Proposed Month/Year and Term of Entry: \_\_\_\_\_ / 20\_\_\_\_ Form \_\_\_\_\_

Have you registered your child's name at any other school/s? YES/NO. If so, which?

\_\_\_\_\_

### DETAILS OF PARENTS

Father's Title and Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother's Title and Full Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Siblings Names and Dates of Birth:

\_\_\_\_\_

Please say how you first heard of the School: \_\_\_\_\_

**Current School Attended:** (Name and Address of present and past schools, with dates)

\_\_\_\_\_

**Other Information**

Does your child have any Medical condition: Yes/No Learning Difficulty: Yes/No Disability: Yes/No or require any special facilities to attend an Open or Assessment Day or to sit an entrance examination? Yes/No

If the answer to any of these questions is yes, please provide details on a separate sheet.

---

**DECLARATION**

We request that the name of our above-named child be registered as a prospective pupil.

We enclosed the non refundable registration fee of £100.00 (non refundable unless place has been declined by the school).

We understand also that the School (through the Head, as the person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purpose of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child.

First Signature \_\_\_\_\_ Second Signature \_\_\_\_\_

Name in Full \_\_\_\_\_ Name in Full \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

---

PLEASE RETURN THIS FORM with a £100 non refundable registration fee to La Scuola Italiana a Londra

You can either send the form and a cheque payable to “La Scuola Italiana a Londra” to

154 Holland Park Avenue

LONDON

W11 4UH

or send the form by email to [admissions@scuolaitalianalondra.org](mailto:admissions@scuolaitalianalondra.org) and make a bank transfer to the following account (please remember to use your child’s name as a reference for the bank transfer):

La Scuola Italiana a Londra

HSBC Portobello Road

Sort code: 40-05-08

Account number: 81451154

IBAN: GB48HBUK40050881451154

SWIFT/BIC: HBUKGB4141P

(for international bank transfers please add £6 to cover UK Bank charges)