



ENROLLMENT APPLICATION

CHILD'S FULL NAME: _____
NICKNAME: _____
DATE OF BIRTH: _____
HOME ADDRESS: _____
POSTAL CODE: _____
FATHER'S FULL NAME: _____
OCCUPATION: _____
MOBILE PHONE: _____
TIN (A.F.M.): _____ TAX OFFICE (D.O.Y.): _____
E-MAIL: _____
I.D. NO. (A.D.T.): _____ DATE ISSUED: _____
ISSUING AUTHORITY: _____
WORK PHONE: _____
MOTHER'S FULL NAME: _____
OCCUPATION: _____
MOBILE PHONE: _____
TIN (A.F.M.): _____ TAX OFFICE (D.O.Y.): _____
E-MAIL: _____
I.D. NO. (A.D.T.): _____ DATE ISSUED: _____
ISSUING AUTHORITY: _____
WORK PHONE: _____
HOME PHONE: _____
EMERGENCY PHONE: _____
SCHOOL BUS SCHEDULE
MORNING: _____ NOON: _____
TUITION FEES: _____

PROGRAM SELECTION

My child will attend the following department:

- INFANT (from 4 months to 2 years)
- TODDLER (from 2 years to 3 years)
- PRE-PRESCHOOL (from 3 years to 4 years)
- PRE-KINDERGARTEN (from 4 years to 5 years)
- KINDERGARTEN (from 5 years to 6 years)

REQUIRED ATTACHMENTS

- Child's Birth Certificate
- Medical certificate regarding the child's development and motor skills
- Child's health booklet (vaccinations)
- Certificate of family status

In case of divorced or separated parents: Custody certificate or a formal declaration (Law 1599/86) from the caregiver parent

Record of Child's history

Signed formal declaration for participation in activities

Internal regulations acknowledgment

Parental consent form for photo/video posting

ENROLLMENT REQUEST

Please enroll my child in your school for the period:

From: _____ To: _____

NOTE: If the student was already enrolled during the previous school period, the above documents are not required, except for the health booklet for file updates.

APPLICANT PARENT / GUARDIAN

Full Name

Signature