

**ENROLLMENT**  
ACADEMIC YEAR 2025/2026  
TO THE SCHOOL DIRECTOR OF MONTESSORI SCHOOL

I (name of parent) \_\_\_\_\_ parent of the student called

\_\_\_\_\_

following the Italian law which regulates the declaration of false information, I hereby give consent in holding personal data and declare that I understand my responsibility if providing false details.

The student \_\_\_\_\_ born in \_\_\_\_\_ on the date \_\_\_\_\_

Codice fiscale\_ (Social Security) \_\_\_\_\_

Is an Italian citizen or citizen of other country \_\_\_\_\_

Who resides in \_\_\_\_\_ Via \_\_\_\_\_ n° \_\_\_\_\_

<b>Surname and Name</b>	<b>Place of birth</b>	<b>Date of birth</b>	<b>Relationship</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The student		
Completed all compulsory vaccinations	<b>YES</b>	<b>NO</b>
Is interested in Catholic lessons	<b>YES</b>	<b>NO</b>

Date \_\_\_\_\_

Document n° \_\_\_\_\_

Signature \_\_\_\_\_

In case of emergency please call \_\_\_\_\_

e-mail \_\_\_\_\_

Diet or specific allergies \_\_\_\_\_