

# Italian Language Course Application form



Please fill out this application form and send it to:  
**Villa Aurora - via del Pergolino, 12 - 50139 Firenze ( ITALY )**  
or by FAX: +39 055 412797  
or (digital copy) by email: [info@villaurora.it](mailto:info@villaurora.it)

## Student

Legal name: .....  
*Family name* *Given name(s)*

Address: .....  
.....

Home phone: ..... Work phone: .....

FAX: ..... E-mail: .....

Date of birth ..... Birthplace .....  
*Month Day Year* *State/Country*

Nationality ..... Sex:  Male  Female

Language spoken: ..... Other languages spoken: .....

Italian Language Fluency:  None  Beginner  Intermediate  Advanced

Last school attended: .....

Degree and/or diploma received: .....

Marital status:  Single  Married  Other .....

Religious affiliation: .....

I wish to be enrolled in the yearly course (September 14, 2009 – May 30, 2010)

on-campus  off-campus

I wish to be enrolled in the summer course (June 28, 2009 – August 2, 2009)

on-campus  off-campus

I declare to be fully aware of the school regulations and ready to abide by them

Student's signature: .....

Father  Mother  Guardian 's signature .....

Form of payment:  Cash  Money transfer

other: .....

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Documents delivered to the secretary:

- A copy of the student's passport
- A physician's certificate attesting student's state of health
- Copy of Health Insurance Policy valid in Italy
- Four passport size pictures.

**Father**

Legal name: .....  
Family name      Given name(s)

Address: .....  
.....

Home phone: .....      Work phone: .....

FAX: .....      E-mail: .....

**Mother**

Legal name: .....  
Family name      Given name(s)

Address: .....  
.....

Home phone: .....      Work phone: .....

FAX: .....      E-mail: .....

**Tutor**

Legal name: .....  
Family name      Given name(s)

Address: .....  
.....

Home phone: .....      Work phone: .....

FAX: .....      E-mail: .....

**Student under 18**

I .....,     father     mother   

guardian  
of the student .....

declare to have read the school rules regarding minors leaving the premises and fully accept them and relieve the school of any civil or penal liability be it for the minor's personal outings as for those organized by the school

Date .....      Signature.....

**Student aged 15 to 18**

I .....,     father     mother     guardian

of the student .....

authorize my son/daughter to go out on his/her own relieving the school of any civil or penal liability.

Date .....      Signature.....