



Enrolment form

Personal data

FIRST NAME		
LAST NAME		
ADDRESS		
ZIP	CITY	COUNTRY
PHONE	FAX	
MOBILE	EMAIL	
DATE OF BIRTH	PLACE OF BIRTH	GENDER
TAX NUMBER	VAT NUMBER	

SKILLS IN ITALIAN

KNOWLEDGE OF THE ITALIAN LANGUAGE

Absolute beginner Elementary Good Very good

WHICH COURSES DO YOU WANT TO BOOK? (Please tick the required option)

Group lessons			
Small: <input type="checkbox"/> 2 hour group lesson a day *	Standard: <input type="checkbox"/> 4 hour group lesson a day *	Standard 2: <input type="checkbox"/> 4 hour group lesson a day + 1	Extra: <input type="checkbox"/> 4 hour group lesson a day + 2 hour individual lesson a day

Individual lessons										
1 hour <input type="checkbox"/>	2 hours <input type="checkbox"/>	3 hours <input type="checkbox"/>	4 hours <input type="checkbox"/>	5 hours <input type="checkbox"/>	6 hours <input type="checkbox"/>	7 hours <input type="checkbox"/>	8 hours <input type="checkbox"/>	9 hours <input type="checkbox"/>	10 hours <input type="checkbox"/>	20 hours <input type="checkbox"/>

Cultural studies			
Italian contemporary literature	1 hour <input type="checkbox"/>	10 hours <input type="checkbox"/>	20 hours <input type="checkbox"/>
Sicilian literature	1 hour <input type="checkbox"/>	10 hours <input type="checkbox"/>	20 hours <input type="checkbox"/>
History of Sicilian art	1 hour <input type="checkbox"/>	10 hours <input type="checkbox"/>	20 hours <input type="checkbox"/>
Sicily's history	1 hour <input type="checkbox"/>	10 hours <input type="checkbox"/>	20 hours <input type="checkbox"/>

SPECIAL PROGRAMS (write here the name of the special programmas)

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Attendance period:

No. of weeks		FROM		TO	
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ACCOMMODATION FACILITIES

Please indicate the name of the requested accommodation places (1st and 2nd choice) and your check-in and check-out dates. The school will check the availability and proceed to book your accommodation as requested.

1st choice accommodation		IN		OUT	
2nd choice accommodation					
TYPE OF ROOM	Single <input type="checkbox"/> Twin <input type="checkbox"/> Triple <input type="checkbox"/> 4-bedded <input type="checkbox"/>				
BOARD	B/B <input type="checkbox"/> H/B <input type="checkbox"/> F/B <input type="checkbox"/>				

Please forward the full names of the other occupants if you book a twin, triple or 4-bedded room:

FULL NAME # 1	
FULL NAME #2	
FULL NAME #3	

TRANSFER

Please book transfer service from:

CATANIA <input type="checkbox"/> PALERMO <input type="checkbox"/> RAGUSA STATION <input type="checkbox"/>

SCHEDULED ARRIVAL DATE AND TIME (for booking above transfer)

DATE	TIME
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FLIGHT NUMBER AND ORIGIN

FLIGHT No _____ ORIGIN _____

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Signing the enrolment form the student declares to have read and to fully accept the internal school regulations, available on the website www.iblaitalianschool.it.

Signature for regulations acceptance _____

The student also declares to have read **ibla! *italian-language-school** year schedule (available on the website www.iblaitalianschol.it) where school days and days-off are shown.

Signature for knowledge of the schedule _____

The student declares to have read the notice about the treatment of personal data in accordance to Italian legislative decree 196/03, available on the website www.iblaitalianschool.it.

Signature for knowledge of the notice _____

The student authorises the school to treat his/her personal data in the following cases:

A) Administrative procedures

Signature for authorising data treatment _____

B) Satisfaction surveys (absolutely within the school, no involvement of third parties).

Signature for authorising data treatment _____

C) Advertising (absolutely within the school, no involvement of third parties).

Signature for authorising data treatment _____