



AMERICAN OVERSEAS SCHOOL OF ROME

Attach
Current
Photo

Application for Admission Grades 1 - 8

A)	<u>CANDIDATE INFORMATION</u> (Please print)				
First Name		Middle Name		Last Name	
Applying for grade _____		School year ____ / ____		Semester I <input type="checkbox"/>	Semester II <input type="checkbox"/>
Or expected Entry Date _____					
Date of birth ____/____/____ <small>Day Month Year</small>		Age _____		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Country of birth _____		Citizenship 1 _____		Citizenship 2 _____	
Languages	First Language	Language used at home	Other Languages spoken		
Student					
Father					
Mother					
Current School Information					
Current school name				Current Grade	
Primary language of instruction				Grades attended	
School address					
City		State		Zip	
Country		Telephone		Email	
School Head/Director (Name & Title)					
Previous schools (Most recent at the top)					
School Name	City	Year(s)	Grades completed	Language of Instruction	
Learning Support (Mandatory)					
Check if the applicant has received or is receiving support for any physical, emotional, or learning difficulty					
ESL <input type="checkbox"/>	ADD/ADHD <input type="checkbox"/>	Speech <input type="checkbox"/>	Learning disability <input type="checkbox"/>		
IEP <input type="checkbox"/>	Counseling <input type="checkbox"/>	Reading <input type="checkbox"/>	Under care of psychologist/psychiatrist <input type="checkbox"/>		
No support received <input type="checkbox"/>		If Yes to any of the above, please provide a copy of any reports to AOSR.			
Please explain partial years of schooling, skipped or repeated grades and home schooling:					
Has the applicant ever been subject to major disciplinary action (suspension or dismissal) in any school? If so, please explain.					



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B)	FAMILY INFORMATION (One per Family)	
Father		Mother
	First Name	
	Last Name	
	Address	
	City/Country	
	State/Zip	
	Home E-mail address	
	Home phone	
	Mobile phone	
	Work phone	

Is this your contact address? Yes No **Until:** _____

Contact address after this date: _____

E-mail to be used for school communications: _____
Primary e-mail *Secondary e-mail*

	Employment	
Father		Mother
	Company name	
	Title	
	Position	
	City/Zip/Country	
	Work E-mail	
<input type="checkbox"/> U.S. OR U.S. Affiliated company <input type="checkbox"/> U.N. and U.N. Agencies <input type="checkbox"/> Government Affiliation	Affiliation	<input type="checkbox"/> U.S. OR U.S. Affiliated company <input type="checkbox"/> U.N. and U.N. Agencies <input type="checkbox"/> Government Affiliation

For U.S. Embassy, please specify department/agency/service _____

Family Status	
Parents marital status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widow/er	
Father remarried Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", name of spouse: _____	Mother remarried Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", name of spouse: _____
Applicant lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other If "Other", please specify: _____	
If divorced, who has legal custody? Please provide relevant documentation <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	
Siblings at (or applying to) AOSR	
1. _____ <i>Name</i>	2. _____ <i>Name</i>
_____ <i>Grade</i>	_____ <i>Grade</i>
3. _____ <i>Name</i>	4. _____ <i>Name</i>
_____ <i>Grade</i>	_____ <i>Grade</i>



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Parent Questions

Are you an alumnus/a of AOSR? Yes No

If yes, what year(s) did you attend AOSR or graduate?

How did you hear about AOSR?

How long do you plan to stay at AOSR?

What are your reasons for applying to AOSR?

We welcome any additional comments which you might like to make about your child.
A parental perspective helps. Please feel free to attach additional pages if needed.



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C) **BILLING INFORMATION** (One per family)

Registration and Capital Assessment fees are payable at the time of initial enrollment and are not refundable. The Registration fee is per student and payable only one time. The Capital Assessment is per family and is payable only one time. Each parent or guardian registering a student, as well as any guarantor institution, is responsible for all payment of school fees.

All payments must be net of expenses. Any balance overdue will be assessed a penalty charge of 1% per month. If a student's fees remain unpaid 30 days after the due date, AOSR reserves the right to deny admittance to classes or to expel the student and the matter will be referred to the school's legal counsel. For payment due dates, please refer to AOSR's Tuition Agreement.

Billing preference (*Check one*)

- 1 invoice for full year (payable in full) 1 invoice per semester Installment Plan *

Invoice in the name of : (*Check one*)

- Both parents Father only Mother only

Address to appear on invoice :

- Both parents' address Father's address Mother's address Company address (*complete below*)

COMPANY FULL NAME

Street address

City & State

Zip code

E-mail address (PLEASE PRINT LEGIBLY)

Country Code

Telephone number

* The Installment Plan carries a service charge of €300 and divides the first semester tuition amount into two equal payments and the second semester tuition amount into two equal payments. The Installment Plan does not apply to the Registration and Capital Assessment fees.

Father's last name

Father's first name

Father's signature

____/____/____
DD MM YY

Mother's last name

Mother's first name

Mother's signature

____/____/____
DD MM YY

ANY CHANGES TO YOUR BILLING INFORMATION MUST BE COMMUNICATED TO :

Billing@aosr.org

FOR OFFICE USE :

FAMILY CODE _____



Health Record

GRADES PRE-K THRU 13

To be completed by the parent

Student Information <i>(one per student)</i>			
First name:			
Middle name:			
Last name:			
Date of birth:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent / Guardian name:			
Home address:			
City:		Zip:	
Country:			
Home phone:		Fax:	
Office phone 1:		Office phone 2:	
Email 1:		Email 2:	
Mobile phone 1:		Mobile phone 2:	

The health office must ALWAYS have current contact numbers.

If they are not known now, please submit them as soon as they are known.

Health History			
Does your child:			
• wear glasses or contacts?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
• have or had frequent ear infections?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
• have hearing problems?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
• suffer from allergies?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
• have a special diet for religious or medical reasons?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
• take medication on a regular basis?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
What is the medication?		What dosage?	
List below any serious illnesses and approximate dates.			
Professional counseling/therapy (explain briefly):			
Please explain any medical problems or health concerns of which the school should be aware:			



Physical Exam

GRADES - PRE-K THRU 13

Mrs. Diane Cullen-Moore is the school's registered nurse. (39) 06.33438321

To be filled out by a physician

Student Information	
First name:	
Middle name:	
Last name:	
Date of birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Height:	
Weight:	
Eyes:	
Ears:	
Nose:	
Throat:	
Heart:	
Lungs:	
Abdomen:	
Genitalia:	
Hernia:	
Extremities:	
Posture (spine):	
Skin:	
Allergies:	
Menstrual History:	
General Appraisal:	
Recommendations & Restrictions	

Examining Physician's Stamp

Date: _____

Examining Physician's Signature



Records Request GRADES PRE-K THRU 13

This form may be used by the parent or legal guardian to authorize the release of school records.
If not used, include this form signed with the application for future use.

Student Information			
First name:			
Middle name:			
Last name:			
Date of birth:		Last grade attended:	

Previous Schools: Most recent at the top			
School Name:			
Address:			
Address:			
Telephone / Email:			
Dates Attended:		Grades Attended:	
School Name:			
Address:			
Address:			
Telephone / Email:			
Dates Attended:		Grades Attended:	
School Name:			
Address:			
Address:			
Telephone / Email:			
Dates Attended:		Grades Attended:	
School Name:			
Address:			
Address:			
Telephone / Email:			
Dates Attended:		Grades Attended:	

I hereby request and authorize the release of all scholastic records and the results of any standardized or individual testing for my child and ask that this information be sent to:

AOSR Admissions
Via Cassia 811
00189 - Rome, Italy

AOSR Admissions
PSC 833 BOX 68
FPO AE 09624-0068

Signed _____

Date _____

Parent