



Galleria D'Azeglio 61/A 55049 Viareggio

Tel: 0039 0584 942246

Fax: 0039 0584 424083

E-mail: info@italianintuscany.it

Web www.italianintuscany.it

ENROLMENT FORM

Please send this form via e-mail or fax to:
Italian in Tuscany
Galleria d'Azeglio 61/A
55049 Viareggio (LU) Italy
TEL: 0039 0584 942246, FAX: 0039 0584 424083
info@italianintuscany.it www.italianintuscany.it

PLEASE PRINT IN BLOCK LETTERS

1. PERSONAL DETAILS

Family name:

First name:

Date of birth (dd/mm/yyyy):

Sex: M F

Nationality:

Address:

City :

Postcode:

Country:

Tel (home):

Tel (work):

Fax:

Email:

Name as it appears in Passport:

Passport Number:

Have you attended an Italian in Tuscany course before? YES - NO

2. COURSE DETAILS

Course name:

Course start date:

Course finishing date:

Italian language level:

Elementary (A1)

Pre-intermediate (A2)

Intermediate (B1)

Upper-Intermediate (B2)

Advanced (C1)

Proficiency (C2)

3. ACCOMMODATION

Accommodation: Homestay - Hotel/BB - Apartment - No accommodation required

Do you smoke? YES - NO

Would you prefer non-smoking accommodation? YES - NO

Please state your contact address in Viareggio if you have selected no accommodation:



Galleria D'Azeglio 61/A 55049 Viareggio

Tel: 0039 0584 942246

Fax: 0039 0584 424083

E-mail: info@italianintuscany.it

Web www.italianintuscany.it

4. TRAVEL INFORMATION

Arrival date:

Time of arrival:

Airport:

Flight Number:

Airline:

Departure date:

Time of departure:

Airport:

Flight Number:

Airline:

Arrival transfer from: Viareggio train station - Pisa airport - Florence airport

Departure transfer from: Viareggio train station - Pisa airport - Florence airport

5. HEALTH

Please list any medical condition, special diet or allergies that school staff should be aware of:

Please give details of any medical treatments that need to be followed during your stay:

6. PAYMENT DETAILS

Total payable: €

Deposit € 200

Method of payment: Bank Transfer (as detailed on invoice)



Galleria D'Azeglio 61/A 55049 Viareggio

Tel: 0039 0584 942246

Fax: 0039 0584 424083

E-mail: info@italianintuscany.it

Web www.italianintuscany.it

7. AUTHORISATION (JUNIORS)

Daytime

No child under the age of 14 is allowed out unsupervised. Students who are 14 years old and above have the opportunity to go shopping in small unsupervised groups.

Evening (14-17 only)

I agree for my child to go out unsupervised in the evenings until 22.00 hrs.

OR

My child is not allowed out unsupervised in the evenings

Sports

Sports not permitted:

Student Health and personal information

Is your child up to date with all vaccinations? YES - NO

Has your child any health issues such as allergies or special dietary requirements? If YES specify:

Does he/she have medical insurance? YES - NO

Is your child receiving any medication? YES - NO

Does your child have any medical or related condition we should be aware of?

Does your child have any special educational needs?

Can your child swim without a buoyancy aid? YES - NO

If the answer is not, he/she cannot take part in water sports.

Travelling by car

Sometimes children need to travel in a car driven by our staff members (I.e from airport to campus or from campus to a bank etc)

Please sign below if you agree



Galleria D'Azeglio 61/A 55049 Viareggio

Tel: 0039 0584 942246

Fax: 0039 0584 424083

E-mail: info@italianintuscany.it

Web www.italianintuscany.it

Signature of parent or guardian: _____

Date: ___/___/___

Emergency

In the event of an emergency I authorise any responsible member of your organisation to give permission for an operation to be performed upon the participant if so advised by qualified medical staff.

Name of Parents or Guardian:

Signature (mother/father/guardian):

8. EMERGENCY CONTACT

Emergency contact (name in BLOCK CAPITALS):

Relation to the student:

English speaker? YES - NO

Tel (home):

Tel (mobile):

9. CONFIRMATION

I agree to the use of my/my child's personal information, including health and religious or dietary requirements as set out in the terms and conditions: YES NO

I agree that you can send me occasional information about Italian in Tuscany courses and services:
YES NO

I confirm my acceptance of the Italian in Tuscany Conditions of Enrolment.

Signature:

Date (dd/mm/yyyy):

I heard about the Italian in Tuscany school

AGENT:

Please send this form to:

Italian in Tuscany

Galleria d'Azeglio 61/A

55049 Viareggio (LU) Italy

TEL: 0039 0584 942246, FAX: 0039 0584 424083

info@italianintuscany.it

www.italianintuscany.it