



APPLICATION FORM

applications open only to students with the legal right to study in Italy

Student name: _____ Sex: _____

Student surname: _____

Sahaj name (if different): _____

Date of birth: _____ Age: _____

Place of birth: _____

Nationality: _____



Now studying in class: _____ and should join class: _____ School year: _____

Level of English: zero beginner, can understand a little, understands and can answer simple questions, understands more or less everything and is reasonably fluent, fluent, native speaker

Family history and background:

Other than himself/herself, your child is part of a family unit composed of:

1. _____
 2. _____
 3. _____
- name & surname place DOB relationship i.e. mother Sahaja Yogi YES/NO

Are there any members of your family who do not agree with your child studying at CISS? yes no

If **yes**, please give details: _____

Candidate history and background:

Please list any schools your child has attended to date, including kindergarten:

_____	_____	_____	_____
_____	_____	_____	_____
<small>school name</small>	<small>country</small>	<small>language of instruction</small>	<small>from – to</small>

Has your child previously been expelled, rusticated or suspended from another school? yes no

If **yes**, please give details: _____

Does your child have any special LEARNING needs? yes no

If **yes**, please give details: _____

Does your child have any other needs or are they in need of any particular care (e.g. special HEALTH needs or diet)? Is there any information you would like to add, or feel you should add, to this application?

Please give details: _____

Contact Details (of both parents):

Name: _____ **Surname:** _____

born in: _____ on the _____

address: _____

home tel: _____ mobile: _____ email: _____

Name: _____ **Surname:** _____

born in: _____ on the _____

address: _____

home tel: _____ mobile: _____ email: _____

For the application to be valid please enclose:

- the completed Application Form, signed by **both parents** of the child and by your national coordinator
- a copy of **both parents** passport
- past school reports (if relevant)

Parents Declaration:

I declare the above information to be true and correct to the best of my knowledge.

Name of parent: _____ Signature: _____ Date: _____

Name of parent: _____ Signature: _____ Date: _____

[] I authorize the processing of personal data pursuant to art. 13 of Legislative Decree 196/2003.

National Coordinator's Declaration:

I declare that I have checked that the above information is true and correct at the time of writing this application and there is no impediment to the application of

_____ to the Cabella International Sahaja School

Place: _____ Name of national coordinator: _____

Email address: _____ Telephone number: _____

Date: _____ Signature: _____