

REGISTRATION CARD

Please print clearly



AMBRIIT ROME International School

Surname _____ **First Name** _____

Date of entrance _____ **Grade Level** _____ **Gender** _____

Date of birth _____ (dd/mm/yyyy) **Place of birth** _____

Address _____

City _____ **Postal code** _____ **Neighborhood** _____

Home phone _____

Name of parent/guardian (1) _____

Relation to student _____

Cell phone _____ **Work phone** _____

Email _____

Name of parent/guardian (2) _____

Relation to student _____

Cell phone _____ **Work phone** _____

Email _____

Emergency contact (other than parents/guardian) Name _____

Phone _____ **Relation to student** _____

Lunch program **yes** ___ **no** ___ **Bus Transportation** **yes** ___ **no** ___

Medical information / Allergies

Special family issues you would like the school to be aware of

Payment Scheme Choice:

Please refer to the [School Fees Porfolio Planner](#).

Attention: This only applies to families completing this form **before** the 15th of March.

The School reserves the right to expel a student who is an unsatisfactory member of the school community at any time. If the School believes that a student’s conduct, on or away from campus, indicates that the student is unable or unwilling to conform to the ideals and objectives of the School, parents will be requested to withdraw the student immediately, even though there may have been no breach of any specific School rule.

I also consent to my child’s photos/videos (without his/her name) to appear on the Ambrit website, wikis and blogs while participating in school-related activities.

IN CASE OF EMERGENCY i.e. SICKNESS OR ACCIDENT

when either a parent or guardian is not available
I delegate the School Administration
to take the necessary measures
in the interest of my child/children.

I, the undersigned, agree to the above statements
and authorize the school to act on my behalf.

Signature of Parent or Guardian

Date
