



ITALIAN SCHOOL NJ

REGISTRATION FORM - YOUTH (2-hour classes)

APPLICANT INFORMATION

Student name: _____
(last) (first) (Middle)

Date of birth: ____/____/____ School Grade _____ Male Female

Home address: _____

Town: _____ State: _____ Zip Code: _____

Main Contact e-mail: _____

Emergency Contact Name _____ Telephone: _____

Allergies? Please list: _____

Siblings: 1. _____ Age: _____
 2. _____ Age: _____
 3. _____ Age: _____

Please check the student level of Italian: Beginner Intermediate Advanced

Reason for your interest in the Italian language:
 Family is from Italy Personal interest Imminent travel plans Other

FAMILY INFORMATION

Parent's/Guardian's name: _____
(last) (first)

Address (if different from applicant): _____

Home phone number: _____ Cell-phone: _____

Parent's/Guardian's name (OPTIONAL) : _____
(last) (first)

Address (if different from applicant): _____

Home phone number: _____ Cell-phone: _____

SCHEDULE

Italian School NJ offers a Fall semester that starts the first week of October and ends in mid-or end of February, and a Spring semester that start right after the Fall semester and ends within the second week of June. Both semesters comprise 14 lessons 2- hour long each.

Which semester are you registering for (all that apply)? Fall Spring

Please indicate your class schedule preference. If more than one time is convenient, please check multiple boxes.

Thursday 9:30-11:30AM Friday 9:30-11:30AM

Please note that additional 2.5-hour classes are available for children on Saturdays. Please check our web site on the Schedule and Registration Forms page for complete listing.

If none of the scheduled classes are convenient, you may request an alternate time by using the "Request a class form" on our web-site. A class can start any time after we receive 4 applications for the same time and day.

It may be possible to join on-going classes based on space availability and teacher's approval. Students' placement in classes rather than beginners may be based on the completion of an entrance test."



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(last) (first)

TUITION

The cost of the course is \$630, which includes lessons, books and other material necessary for the class. If you are registering for a course that is already started the cost will be pro-rated.

Please note that we need a minimum of 4 students to start a class. Once we reach the minimum number of students necessary to start the class we will notify you. If we cannot accommodate you within 6 weeks from your request we will return your check promptly.

Italian School NJ offers 10% discount for a second family member registered or a second class and 15% for 3 or more family members registered.

To reserve your spot please complete this application and return it with a deposit of \$200, which will be applied toward your total tuition.

You will be notified by e-mail of your remaining balance, which should be submitted by the first class the student is planning to attend

All classes must be paid in full by the first class.

Please send registration form and check to the following address: Italian School NJ, 401 Morris Avenue, Mountain Lakes NJ 07046. Please make all checks payable to Italian School NJ.

You will be notified by e-mail when we receive your registration.

WAIVER

I release Italian School NJ from any and all liability and waive as against Italian School NJ all recourse, loss or damage, including any consequential damage or loss, claims, causes of action of any kind whatsoever arising from my participation in the class.

It is hereby understood and agreed that Italian School NJ shall not be responsible for any theft, damage or injuries incurred during classes or on location promises.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date



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Student name: _____
(last) (first)

QUESTIONNAIRE

This optional questionnaire helps us place the student in the appropriate class.
If the registration is for a returning student, you may not complete this part.

Is the student familiar with the Italian Language ? Yes No If YES please check why:
 Have taken Italian course/s before Have studied Italian by him(her)-self
 Familiarity with Italian by family members One or both parents are native Italian
 Other

If the student has taken Italian classes in the past please briefly describe when and for how long:____

If parents or other family members speak Italian to the students please describe briefly. Include to state the frequency that the student is exposed to the Italian language:_____

Can the student read?

In English: Yes No In Italian: Yes No

Can the student write?

In English: Yes No In Italian: Yes No

Please check the following for the level of Italian:

Understanding:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Spoken:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Written:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Use of grammar:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Does the student know any other languages? If yes please list and briefly describe:_____
