



# FONDAZIONE LEVIS PLONA - BILINGUAL PRIVATE SCHOOL

## REGISTRATION FORM FOR 2025/2026

The undersigned \_\_\_\_\_  PARENT  
 CUSTODIAL PARENT  
 GUARDIAN

### ASKS TO REGISTER FOR THE 2024 / 2025 SCHOOL YEAR

#### ELEMENTARY SCHOOL FOR THE STUDENT

SURNAME \_\_\_\_\_ NAME \_\_\_\_\_

Born in \_\_\_\_\_ Country / Providence \_\_\_\_\_

On the \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male

Resident in (name of city) \_\_\_\_\_ via \_\_\_\_\_ nr. \_\_\_\_

Nationality \_\_\_\_\_ Fiscal code \_\_\_\_\_

If the student was not born in Italy, please indicate when the child arrived in Italy \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous School \_\_\_\_\_ The child attended Class \_\_\_\_\_

#### DECLARES

under its own responsibility, aware of the penal sanctions in the case of untruthful declarations and false documents, referred to in art. 76 of the D.P.R. 28/12/2000 nr. 445, as well as based on the rules on streamlining administrative activity

that \_\_\_\_\_ (student's name) parents' personal data is the following:

	FATHER	MOTHER
SURNAME AND NAME		
PLACE OF BIRTH		
DATE OF BIRTH		
RESIDES WITH CHILD	<input type="radio"/> YES <input type="radio"/> NO*	<input type="radio"/> YES <input type="radio"/> NO*
EXERCISES PARENTAL RESPONSIBILITY	<input type="radio"/> YES <input type="radio"/> NO*	<input type="radio"/> YES <input type="radio"/> NO*
TELEPHONE NR		
CELL NR		
E-MAIL		

\*if the parent doesn't reside with the child but has parental responsibility, please indicate the residency:

VIA \_\_\_\_\_ NR. \_\_\_\_\_ CITY \_\_\_\_\_

KINSHIP	NAME AND SURNAME	PLACE OF BIRTH	DATE OF BIRTH

Did the student go to a nursery school previously?  YES  NO

Did the student go to a preschool previously? If yes, for \_\_\_\_ years.  YES  NO

Has the student done all the mandatory vaccinations?  YES  NO

Which ULSS / health facility are you under? \_\_\_\_\_

Does the student have a pathology of some sort?  YES  NO

Does the student require medication / life saver medications at school?  YES  NO

Does the student have any food intolerance or allergy?  YES  NO

If yes, which? \_\_\_\_\_

(Please attach declaration from your doctor)

Is there anything else you feel we need to know? \_\_\_\_\_

\_\_\_\_\_

I authorize the school to use the data contained in this self-certification exclusively within and for institutional purposes of the Public Administration (Legislative Decree 30/06/2003 n. 196 and subsequent amendments, regularly (EU) 2016 /679)\*

Vicenza, \_\_\_\_/\_\_\_\_/\_\_\_\_ Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Attached:

- A copy of each parent's ID card or passport, the child's ID card or passport and codice fiscale
- Signed Privacy Act form valid for all the years the student will be enrolled in our school
- Other documentation (please specify) \_\_\_\_\_

**YOU ALSO DECLARE, UNDER YOUR OWN RESPONSIBILITY, THAT YOU HAVE SEEN AND UNDERSTOOD THE FOLLOWING:**

- you confirm that you have seen the Three year Education plan, also visible in the following link: <https://www.levisplona.it/documenti/>
- you guarantee that you will respect the school's hours and the organization as decided and stated in the Educational Pact "Patto Educativo" and as written in the school's rules which can be found in the following link: <https://www.levisplona.it/documenti/>
- You declare that you share the Christian-inspired school educational project and the lines of teaching and training activities as specified in the PTOF
- You ensure your participation in moments of sharing and discussion of the educational path
- You have signed the following school performance contract and agree to abide by its provisions.

**ENROLLMENT IS CONSIDERED VALID ONLY IF ALL DOCUMENTATION REQUESTED HAS BEEN SIGNED AND CONSIGNED TO THE SECRETARIAT AND IF THE REGISTRATION FEE HAS BEEN PAID.**

Date \_\_\_\_\_

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

# MONTHLY TUITION FEES FOR THE SCHOOL YEAR 2025/2026

## ELEMENTARY SCHOOL

SCHOOL SCHEDULE: 8:20 - 16:00 (flexible timetable from 7:30am to 6pm]

### ANNUAL REGISTRATION FEE

**370,00 €**

payment transfer with registration documents (including insurance, heating and management and general expenses).

### MONTHLY FEE

**N° 9** fees (September -May) include fruit in the morning and lunch.  
It does not include the before and after school program

**390,00/395,00 €**

to be confirmed in August taking into account the ISTAT increase recorded in that month

**FROM THE SECOND CHILD, THE DISCOUNT IS 10% OF THE MONTHLY FEE.**

**A 2% DISCOUNT IS GIVEN FOR THOSE THAT PAY THE YEARLY FEE IN A SINGLE PAYMENT.**

THE REGISTRATION FEE AND THE MONTHLY FEES CAN BE PAID

- on the c.c.b. registered to : Fondazione Levis Plona  
**IBAN: IT 57 E 03069 11894 1 0000 0005 095** Banca Intesa Vicenza
- or at the secretariat with ATM or credit card

MONTHLY FEES MUST BE PAID BY THE 5TH OF EACH MONTH

.....  
**I accept the above conditions agree to abide by the agreement.**

**Date**

.....

**Signature of Parent/Guardian .**

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