

# Scuola Leonardo da Vinci® - Florence - Milan - Rome - Siena

|   |                    |  |              |
|---|--------------------|--|--------------|
| <b>Application</b> <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.  |                    |  |              |
| First name:   |                    | Family name:   |              |
| Date and place of birth:  |                    |  | Nationality: |
| Profession/Studies:   |                    | Passport number:   |              |
| Home address:   |                    |  |              |
| City:   |                    | Postal code:   | Country:     |
| Phone:        /   | Cellular:        / | Fax:        /  |              |
| Email:  |                    |  |              |
| In case of emergency please inform:   |                    |  |              |
| <b>I wish to enroll at the Scuola Leonardo da Vinci in:</b> <input type="checkbox"/> Florence <input type="checkbox"/> Milan <input type="checkbox"/> Rome <input type="checkbox"/> Siena |                    |  |              |
| <b>I found out about the Scuola Leonardo da Vinci through:</b>  |                    |  |              |
| <b>I wish to enroll in the following courses:</b>   |                    |  |              |
| Course No.  | Course Title       | Starting date  | Total weeks  |
| _ _   | _____              | _ _  /  _ _  /  _ _ <br>day    month    year                     | _ _          |
| _ _   | _____              | _ _  /  _ _  /  _ _ <br>day    month    year                     | _ _          |
| _ _   | _____              | _ _  /  _ _  /  _ _ <br>day    month    year                     | _ _          |
| I wish to enroll in the following additional courses:   |                    |  |              |
| Special requests/observations:  |                    |  |              |
| <b>My knowledge of Italian:</b>   |                    |  |              |
| Have you already studied Italian? <input type="checkbox"/> no <input type="checkbox"/> yes:   |                    |  |              |
| University/school: _____  |                    |  |              |
| Address: _____  |                    |  |              |
| Zip code: _____ City: _____   |                    |  |              |
| Name of Italian teacher: _____  |                    |  |              |
| <b>Self evaluation</b> (A1/A2 ... = Ability levels according to the assessment scale of the European Language Portfolio):   |                    |  |              |
| <input type="checkbox"/> absolute beginner  |                    | <input type="checkbox"/> beginner with previous study of Italian |              |
| <input type="checkbox"/> high intermediate (B1)   |                    | <input type="checkbox"/> advanced (B2)                           |              |
| <input type="checkbox"/> basic (A1)   |                    | <input type="checkbox"/> low intermediate (A2)                   |              |
| <input type="checkbox"/> proficient (C1)  |                    | <input type="checkbox"/> diploma level (C2)                      |              |
| <b>Please fill in also the second page!</b>   |                    |  |              |

Please do not fill in!

No

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Da

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Ag

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Os

|  |  |
|--|--|
|  |  |
|--|--|

