



Date of Application:

Applicant Information: List all names as recorded in Passport/Birth Certificate

Name of Applicant:

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
PREFERRED NAME

Gender, underline selection: MALE      FEMALE

Date of Birth:

(As recorded in Passport/Birth Certificate)

Residential Address in Turin/Italy for Correspondence (update as needed):

Addressee: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

1. Number of children in the family: \_\_\_\_\_ Applicant's ordinal position in the family: \_\_\_\_\_

2. Does the applicant have any sibling(s) in, or that have been at IST?    YES    NO

*If yes, please indicate names & grade level* \_\_\_\_\_

3. The Applicant's English reading and writing level (as appropriate to age and grade level, underline your selection).

Fluent      Good      Limited      None

4. The Applicant's English speaking level (as appropriate to age and grade level, underline your selection):

Fluent      Good      Limited      None



5. Major language(s) used at home:

a. \_\_\_\_\_ b. \_\_\_\_\_ Other languages spoken \_\_\_\_\_

6. Has the applicant participated in advance level classes (e.g., Gifted and Talented, Advanced Mathematics or Writing, etc.)? If yes, please explain.

7. Does the Applicant have any special health concerns, allergies, etc. that the school should be aware of? Please explain or submit documents as needed.

8. Has the Applicant ever been asked to leave school because of any behavioral/disciplinary problems? If yes, please explain.

9. Does the Applicant have any special talent or interest in: (underline selection and add information accordingly)

Band (Instrument?):

Strings (Instrument?):

Vocal or Chorus    Drama    Art    Dance    Computer

Student Government

Favorite sport(s):

Other special talents or interests:



## School History

10. Please help us understand the Applicant's school history by completing the following chart. List all schools your child has attended. Begin with their first year of schooling to present.
- **Column 1** represents the actual years of schooling. Please account for every school year attended. If your child was out of the school for a period of time, please indicate the fact. Allow one line for each year. Note that column 1 starts with the first year they attended a school but not necessarily 'grade one' as it may have been a preschool.
  - **Column 2**, indicate the name of the school and location.
  - **Column 3**, fill in the academic calendar year for each year they attended school.
  - **Column 4**, indicate their age for the school year shown in Column 1.
  - **Column 5**, indicate the 'name' used to designate that year (e.g., Grade; Form, year; class; etc.)
  - **Column 6**, indicate the primary language used for instruction.

1 Year in school	2 Name of school and location	3 Academic Year Month - year to month - year	4 Child's Age	5 Grade, Form, Year or Standard Name	6 Language of Instruction
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**REQUIRED INFORMATION:** Provide (print) the name, telephone, number and email address of the Head or Principal of the applicant's current or most recent school. IST reserves the right to contact the Head of School directly for further information on a student and/or for clarification of documents submitted.

Head of School:

Telephone number:

Email:



## Please Note:

1. Please note that the nature of the scholarship is as follows:
  - a. The scholarships are available to students entering Grade 11 in the International School of Turin.
  - b. The need-based scholarships will include fees such as tuition fee, IB Exam fee, laptop, lunch, transportation.
  - c. The scholarship may be enjoyed for two years provided the recipient maintains an appropriate academic level and abide by the school rules and regulations set by the Scholarship Selection Committee.
- ❖ Failure to provide complete and accurate information of any kind on this form will void the application and may result in the student being permanently having their enrolment discontinued at **IST**, after being enrolled.
- ❖ It is the parent/ guardian's responsibility to inform the school of any changes in status or contact information.
- ❖ By signing this application form, the parent gives permission for the **International School of Turin** to contact previous schools to request additional information including all academic, medical and psychoeducational records, within school policy, as may be required for admission consideration of this applicant.

*To the best of my knowledge, the information submitted on this form is true and correct.*

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Signature of Parent/Guardian  
Printed Name over Signature

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Signature of Parent/Guardian  
Printed Name over Signature

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(Year/Month/Day)  
Date

*Any and all files submitted as part of the admissions requirement to International School of Turin automatically becomes the property of the School. The School has the sole discretion whether to disclose, provide, copy or return the same to any party who may so request.*

**Parent/Legal Guardian Information: List all names as recorded in Birth Certificate/Passport**

Father Stepfather Legal Guardian		Mother Stepmother Legal Guardian	
Check if <b>Alumnus</b> and indicate year(s)		<input type="checkbox"/> Check if <b>Alumna</b> and indicate year(s)	
Last Name:		Last Name:	
First Name:		First Name:	
Middle Name:		Middle Name:	
Citizenship (Passport/Birth Certificate):		Citizenship (Passport/Birth Certificate):	
Employer or Organization:		Employer or Organization:	
Position:		Position:	
Annual Salary: <i>Please review the Financial Requirement Letter for a listing of all necessary documents</i>		Annual Salary: <i>Please review the Financial Requirement Letter for a listing of all necessary documents</i>	
Office Address:		Office Address:	
Office Phone Number:		Office Phone Number:	
Mobile Phone Number:		Mobile Phone Number:	
<i>You will receive TEXT Messages about emergency school closure or other special announcements on this number.</i>		<i>You will receive TEXT Messages about emergency school closure or other special announcements on this number.</i>	
Email Address:		Email Address:	

Emergency Contact Information:			
Name:		Address:	
Office Phone:		Home Phone:	
Mobile Phone:		Email	

**CURRENT SCHOOL HEAD of SCHOOL/PRINCIPAL'S APPRAISAL**

STUDENT'S FULL NAME:



Please provide short statements regarding the following areas concerning the applicant.

1. Academic abilities

2. Character

3. Extracurricular activities

4. Other special talents or qualities (include creative qualities, leadership qualities, if any)

\_\_\_\_\_

Full Name of Head of School/Principal

\_\_\_\_\_

Signature of Head of School/Principal

\_\_\_\_\_

(Year/Month/Day)

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