



AMERICAN OVERSEAS SCHOOL OF ROME

Attach
Current
Photo

Application for Admission Grades 9 - 13

A)	<u>CANDIDATE INFORMATION</u> (Please print)			
First Name	Middle Name	Last Name		
Applying for grade _____	School year ____ / ____	Semester I <input type="checkbox"/>	Semester II <input type="checkbox"/>	
Or expected Entry Date _____				
Date of birth ____/____/____ <small>Day Month Year</small>	Age _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Country of birth _____	Citizenship 1 _____	Citizenship 2 _____		
Languages	First Language	Language used at home	Other Languages spoken	
Student				
Father				
Mother				
Current School Information				
Current school name			Current Grade	
Primary language of instruction			Grades attended	
School address				
City	State	Zip		
Country	Telephone	Email		
School Head/Director (Name & Title)				
Previous schools (Most recent at the top)				
School Name	City	Year(s)	Grades completed	Language of Instruction
Learning Support (Mandatory)				
Check if the applicant has received or is receiving support for any physical, emotional, or learning difficulty				
ESL <input type="checkbox"/>	ADD/ADHD <input type="checkbox"/>	Speech <input type="checkbox"/>	Learning disability <input type="checkbox"/>	
IEP <input type="checkbox"/>	Counseling <input type="checkbox"/>	Reading <input type="checkbox"/>	Under care of psychologist/psychiatrist <input type="checkbox"/>	
No support received <input type="checkbox"/>	If Yes to any of the above, please provide a copy of any reports to AOSR.			
Please explain partial years of schooling, skipped or repeated grades and home schooling:				
Has the applicant ever been subject to major disciplinary action (suspension or dismissal) in any school? If so, please explain.				



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B)	FAMILY INFORMATION (One per Family)	
Father		Mother
	First Name	
	Last Name	
	Address	
	City/Country	
	State/Zip	
	Home E-mail address	
	Home phone	
	Mobile phone	
	Work phone	

Is this your contact address? Yes No **Until:** _____

Contact address after this date: _____

E-mail to be used for school communications: _____
Primary e-mail *Secondary e-mail*

	Employment	
Father		Mother
	Company name	
	Title	
	Position	
	City/Zip/Country	
	Work E-mail	
<input type="checkbox"/> U.S. OR U.S. Affiliated company <input type="checkbox"/> U.N. and U.N. Agencies <input type="checkbox"/> Government Affiliation	Affiliation	<input type="checkbox"/> U.S. OR U.S. Affiliated company <input type="checkbox"/> U.N. and U.N. Agencies <input type="checkbox"/> Government Affiliation

For U.S. Embassy, please specify department/agency/service _____

Family Status	
Parents marital status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widow/er	
Father remarried Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", name of spouse: _____	Mother remarried Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", name of spouse: _____
Applicant lives with If "Other", please specify: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	
If divorced, who has legal custody? Please provide relevant documentation <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	
Siblings at (or applying to) AOSR	
1. _____ <i>Name</i> <i>Grade</i>	2. _____ <i>Name</i> <i>Grade</i>
3. _____ <i>Name</i> <i>Grade</i>	4. _____ <i>Name</i> <i>Grade</i>



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Parent Questions

Are you an alumnus/a of AOSR? Yes No

If yes, what year(s) did you attend AOSR or graduate?

How did you hear about AOSR?

How long do you plan to stay at AOSR?

What are your reasons for applying to AOSR?

We welcome any additional comments which you might like to make about your child.
A parental perspective helps. Please feel free to attach additional pages if needed.



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C)	BILLING INFORMATION (One per Family)	
Billing terms <i>(check one)</i>		
<input type="checkbox"/> 1 invoice for full year (payable in full) <input type="checkbox"/> 1 invoice per semester <input type="checkbox"/> Installment Plan*		
Send invoice to <i>(check one)</i>		
<input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Other		
Invoice address to <i>(check one)</i>		
<input type="checkbox"/> Home address <input type="checkbox"/> Other <i>(indicate complete address below)</i>		
<hr/> <div style="display: flex; justify-content: space-between;"> Name Street address </div> <hr/> <div style="display: flex; justify-content: space-between;"> City & State (or province) Zip Code Area Code Telephone number Area Code Fax number </div> <hr/>		
<i>To the attention of</i> Any changes to your billing information must be communicated to: billing@aosr.org		
* The Installment Plan carries a service charge of €300 and divides the first semester tuition amount into two equal payments and the second semester tuition amount into two equal payments. The Installment Plan does not apply to the Registration and Capital Assessment fees.		

Registration and Capital Assessment fees are payable at the time of initial enrollment and are not refundable. The Registration fee is per student and payable only one time. The Capital Assessment fee is per family and payable only one time. Each parent or guardian registering a student, as well as any guarantor institution, is responsible for all payments of school fees.

All payments must be net of expenses. Any balance overdue will be assessed a penalty charge of 1% per month. If a student's fees remain unpaid 30 days after the due date, AOSR reserves the right to deny admittance to classes or to expel the student and the matter will be referred to the school's legal counsel.

For payment due dates, please refer to AOSR's Tuition Agreement.

We, the undersigned, agree to be billed for the following:

<input type="checkbox"/> Capital Assessment	<input type="checkbox"/> Registration for _____ child(ren)
<input type="checkbox"/> Attending both semesters	<input type="checkbox"/> Attending semester 1 only <input type="checkbox"/> Attending semester 2 only
<input type="checkbox"/> Grades _____	
<input type="checkbox"/> ESL for _____ child(ren)	<input type="checkbox"/> International Baccalaureate for _____ child(ren)
<input type="checkbox"/> Transportation for _____ child(ren)	<input type="checkbox"/> Installment Plan

<i>Father's last name</i>	<i>Father's first name</i>	<i>Father's signature</i>	<i>Day Month year</i>
<i>Mother's last name</i>	<i>Mother's first name</i>	<i>Mother's signature</i>	<i>Day Month year</i>



AMERICAN OVERSEAS SCHOOL OF ROME

Health Record

GRADES PRE-K THRU 13

To be completed by the parent

Student Information (one per student)			
First name:			
Middle name:			
Last name:			
Date of birth:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent / Guardian name:			
Home address:			
City:		Zip:	
Country:			
Home phone:		Fax:	
Office phone 1:		Office phone 2:	
Email 1:		Email 2:	
Mobile phone 1:		Mobile phone 2:	

The health office must ALWAYS have current contact numbers.

If they are not known now, please submit them as soon as they are known.

Health History			
Does your child:			
• wear glasses or contacts?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
• have or had frequent ear infections?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
• have hearing problems?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
• suffer from allergies?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
• have a special diet for religious or medical reasons?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
• take medication on a regular basis?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
What is the medication?		What dosage?	
List below any serious illnesses and approximate dates.			
Professional counseling/therapy (explain briefly):			
Please explain any medical problems or health concerns of which the school should be aware:			

My child has been vaccinated according to the Italian National Health Guidelines. The following vaccinations have been fulfilled. (Attach Photocopies) Please give dates.	
Polio series:	Booster:
Diphtheria/Tetanus series:	Booster:
Hepatitis B (three doses):	
My child is able to participate fully in the physical education program. If not, please provide an explanation and a letter from your physician.	

In case of a medical emergency, I understand that all efforts will be made to contact the parents or the guardian. If unsuccessful, I authorize the school to give or obtain the necessary medical attention.

My child may be medicated with over the counter medicines for ailments while at school by the nurse.

A physician's statement of good health is required for all sports activities outside the PE program.

Signed _____ *Date* _____
Parent

Please attach copy of vaccinations.



Physical Exam

GRADES - PRE-K THRU 13

Mrs. Diane Cullen-Moore is the school's registered nurse. (39) 06.33438321

To be filled out by a physician

Student Information	
First name:	
Middle name:	
Last name:	
Date of birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Height:	
Weight:	
Eyes:	
Ears:	
Nose:	
Throat:	
Heart:	
Lungs:	
Abdomen:	
Genitalia:	
Hernia:	
Extremities:	
Posture (spine):	
Skin:	
Allergies:	
Menstrual History:	
General Appraisal:	
Recommendations & Restrictions	

Examining Physician's Stamp

Date: _____

Examining Physician's Signature



Records Request GRADES PRE-K THRU 13

This form may be used by the parent or legal guardian to authorize the release of school records.
If not used, include this form signed with the application for future use.

Student Information			
First name:			
Middle name:			
Last name:			
Date of birth:		Last grade attended:	

Previous Schools: Most recent at the top			
School Name:			
Address:			
Address:			
Telephone / Email:			
Dates Attended:		Grades Attended:	
School Name:			
Address:			
Address:			
Telephone / Email:			
Dates Attended:		Grades Attended:	
School Name:			
Address:			
Address:			
Telephone / Email:			
Dates Attended:		Grades Attended:	
School Name:			
Address:			
Address:			
Telephone / Email:			
Dates Attended:		Grades Attended:	

I hereby request and authorize the release of all scholastic records and the results of any standardized or individual testing for my child and ask that this information be sent to:

**AOSR Admissions
Via Cassia 811
00189 - Rome, Italy**

**AOSR Admissions
PSC 833 BOX 68
FPO AE 09624-0068**

Signed _____

Date _____

Parent



AMERICAN OVERSEAS SCHOOL OF ROME

English Recommendation – 2009-2010 Form 5E GRADES 9 THRU 13

Candidate's Name: _____

Teacher: _____ Subject: _____ Current Class: _____

School: _____

- Confidential -

The High School of the American Overseas School of Rome is college preparatory with the Advanced Placement and the International Baccalaureate Programs. We seek students whose academic records indicate a high level of achievement. We also look for students with unrealized potential as may be revealed by teacher recommendations. We have seen such students blossom in our AOSR environment. Your evaluation and comments together with other supporting application documentation will help us make an appropriate acceptance decision. Thank you very much for your time.

Minimal	Below Average	Average	Above average	Outstanding	
1	2	3	4	5	Academic potential
1	2	3	4	5	Academic motivation
1	2	3	4	5	Assignment completion
1	2	3	4	5	Relationship with peers
1	2	3	4	5	English language proficiency
1	2	3	4	5	Reliability
1	2	3	4	5	Maturity
1	2	3	4	5	Effort

• Present or midterm mark in the subject: _____

• Please comment on the student's personal qualities: _____

• Are there any academic/social concerns of which we should be aware?

• Have you any reservations in recommending this student?

Recommendations will be kept confidential. Date: _____ Signature: _____

Preferred method for sending to AOSR is: 1) email 2) fax and 3) regular mail:

Admissions: admissions@aosr.org	Admissions Office
American Overseas School of Rome	American Overseas School of Rome
Via Cassia 811	PSC 833 Box 68
00189 - Rome, Italy	FPO AE 09624-0068
Email: admissions@aosr.org	Email: admissions@aosr.org
Fax: +39 06.3326.2608	Fax: +39 06.3326.2608



AMERICAN OVERSEAS SCHOOL OF ROME

Math Recommendation – 2009-2010 Form 5M GRADES 9 THRU 13

Candidate's Name: _____

Teacher: _____ Subject: _____ Current Class: _____

School: _____

- Confidential -

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Minimal	Below Average	Average	Above average	Outstanding	
1	2	3	4	5	Academic potential
1	2	3	4	5	Academic motivation
1	2	3	4	5	Assignment completion
1	2	3	4	5	Relationship with peers
1	2	3	4	5	English language proficiency
1	2	3	4	5	Reliability
1	2	3	4	5	Maturity
1	2	3	4	5	Effort

- Present or midterm mark in the subject: _____
- Please comment on the student's personal qualities: _____

- Are there any academic/social concerns of which we should be aware?

- Have you any reservations in recommending this student?

Recommendations will be kept confidential. Date: _____ Signature: _____

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Via Cassia 811	PSC 833 Box 68
00189 - Rome, Italy	FPO AE 09624-0068
Email: admissions@aosr.org	Email: admissions@aosr.org
Fax: +39 06.3326.2608	Fax: +39 06.3326.2608