

**Personal details**

 Please complete this form in **BLOCK CAPITAL**

Family name: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 \_\_\_\_\_  
 First language(s): \_\_\_\_\_

First name: \_\_\_\_\_

Sex: Male:  Female:  Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_ Mobile.: \_\_\_\_\_

Country: \_\_\_\_\_

Fax.: \_\_\_\_\_ Home tel.: \_\_\_\_\_ Email.: \_\_\_\_\_

Passport number.: \_\_\_\_\_ In case of emergency please inform.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where did you get information about Accademia di Italiano from: Web:  Please specify which search engine: \_\_\_\_\_

Friend:  Other:

**I wish to enrol to the following course:**

Course ref.:	Course name	Course Start date			Course length nr of weeks
<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		day	month	year	
<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		day	month	year	
<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		day	month	year	

I wish to enrol to the following additional course: \_\_\_\_\_

Others: \_\_\_\_\_  
 \_\_\_\_\_

**My knowledge of Italian is:**

 Have you already studied Italian? no  yes 

School/University \_\_\_\_\_

Address \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_ Name of the teacher \_\_\_\_\_

My level of Italian is:

Absolute beginner  Beginner/some knowledge of Italian  Basic A1  PreIntermediate A2   
 Lower Intermediate B1  Mid Intermediate B2  Proficient C1  Advanced C2

