



Kappa Language School

Italian Language and Culture in Rome

SOCIETA' DANTE ALIGHIERI
IL MONDO IN ITALIANO



APPLICATION FORM FOR ITALIAN LANGUAGE COURSES (For pre-registration)

Name(s) (as they appear on your ID) :
Surname(s) (as they appear on your ID) :
Sex (required for the issuing of the acceptance letter) :
Nationality :
Date of Birth (Day/Month/Year) : / /
Birthplace (Country/City) : ,
Telephone (including country code) :
Mobile/Whatsapp (including country code) :
Address :
E-mail :
How did you hear about us? :

Are you a Italian Studies Student?

If you are an Italian Studies Student, please specify school name/department:

Course dates you wish to attend: From / / **to** / /

The course programme you prefer:

- 1 WEEK INTENSIVE COURSE** (20 hours for 1 week)*
- 2 WEEK INTENSIVE COURSE** (40 hours for 2 weeks)*
- STANDARD COURSE** (40 hours for 1 month)
- EVENING COURSE** (40 hours for 10 weeks)
- FLEXIBLE COURSE** for hours of lesson
- COURSE FOR STUDY VISA** (80 hours for 1 month)
- ONE-TO-ONE TUTORING** for hours of lesson

Do you wish to attend the PLIDA Certificate exam?

* Programs subject to availability.

I hereby understand that I'm fully responsible for arranging my own travel and medical insurance coverage. The insurance within school walls is instead included in the 20€ enrollment fee.

Date : / / **Signature**

DO YOU REQUIRE ACCOMMODATION?

If "yes" the accommodation fee will include 60€ of commission.

DO YOU REQUIRE AN ACCEPTANCE LETTER?

If "yes" you will be charged of 50€ to cover the cost of express mailing.

IN CASE OF STUDY VISA APPLICATION, WHICH ITALIAN CONSULATE\EMBASSY WILL BE PROCESSING YOUR REQUEST?

Please specify the city the Italian Consulate\Embassy is located.

Level of Italian

If you're not a beginner or not in possess of valid certificate of proficiency you will also be tested upon your arrival.

Speaking

Understanding

Reading

Writing

Personal data protection policy (Legislative Decree no. 196/2003, Art. 7 – "Right of access to personal data and other rights")

I _____, having read and agreeing with the art. 13 of legislative decree 196/2003 give confirmation to use the required data according to the rules above mentioned.

Date : / / **Signature**

CORRESPONDENCE ADDRESSES:

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