



I.M.P.P. LA NOSTRA SCUOLA

Rome,

Surname and Name

Fiscal Code.....

Born in on.....

Sex M F.....

Country of residence.....

StreetN..... Zip Code.....

District.....AsL.....

Mother's name and surname.....Mobile.....

Father's name and surname.....Mobile.....

E-mail

CourseSchool

Sender and/or adviser.....

Assessed YES.....NO Assessor

Diagnosis.....

- Attach the documentation relevant to the evaluation (to be sent through fax n. 06/7184450 or e-mail address: lascuofa@tiscali.it)
- We require: CERTIFIED SERVICE PRIVATE SERVICE.....
- e The Undersigned hereby authorizes this Rehabilitation Centre to file his/her children data in the Centre waiting list.

Signature