



Kappa Language School

Associazione Culturale Koiné
Italian language and culture in Rome

SOCIETÀ DANTE ALIGHIERI
IL MONDO IN ITALIANO



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

Name(s) :

Surname(s) :

Sex :

Marital Status :

Nationality :

Place and date of Birth (Day/Month/Year) :

Country :

Telephone :

Fax :

Address :

E-mail :

How did you hear about Kappa Language School? :

Are you a Italian Studies Student? Yes No

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 (please tick the blank)

<input type="checkbox"/>	INTENSIVE COURSE (20 hours for 1 week)
<input type="checkbox"/>	INTENSIVE COURSE (40 hours for 2 weeks)
<input type="checkbox"/>	REGULAR COURSE (40 hours for 1 month)
<input type="checkbox"/>	SPECIAL COURSES
<input type="checkbox"/>	One-on-one tutoring

Do you wish to attend the PLIDA (<http://www.dantealighieri-roma.it/gb/plida.htm>) Certificate exam? YES ()
NO ()

* Please note that Kappa Language School requires at least 3 participants to hold a class. Therefore, these programs are subject to availability.

I hereby understand that I'm fully responsible for arranging my own travel and medical insurance coverage.

Date _____ Signature _____

DO YOU REQUIRE ACCOMMODATION?

YES () NO ()

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

DO YOU REQUIRE AN ACCEPTANCE LETTER?

YES () NO ()

If “yes” you will be charged of 40€ to cover the cost of express mailing.

DO YOU REQUIRE AN AIRPORT TRANSFER UPON YOUR ARRIVAL?

YES () NO ()

An airport transfer for arrival or departure can be provided for 60€ per person from Ciampino Airport and 70€ per person from Fiumicino Airport, one-way. Payment is made immediately after transport to the person accompanying the student.

*If you require an airport transfer please state your arrival details***Arrival Details:**

- a. **Date and Time;** _____
 b. **Airport itinerary.**

Airline: _____**Flight Number and airport:** _____**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.

	<u>Very Good</u>	<u>Good</u>	<u>Intermediate</u>	<u>Weak</u>	<u>Very Weak</u>
<u>Speaking</u>					
<u>Understanding</u>					
<u>Reading</u>					
<u>Writing</u>					

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:

Associazione Culturale Koiné – Kappa Language School

Via del Boschetto, 32

00184 – Rome – ITALY

Tel/Fax:+90 0670474635www.kitaliano.com and info@kitaliano.com