



La Piccola Scuola Italiana
 500 De Haro st, San Francisco, CA 94107
www.lpsisf.com, email:director@lpsisf.org

APPLICATION FOR ADMISSION

Child's Name			
Date of Birth			
Gender			
Nickname / Preferred Name			
Language(s) Spoken at Home			
Applying For	<input type="checkbox"/> Spazio Gioco	<input type="checkbox"/> Piccoli	<input type="checkbox"/> Grandi AM
	<input type="checkbox"/> Grandi PM	<input type="checkbox"/> Grandissimi	<input type="checkbox"/> Dopo Scuola

	Parent / Guardian 1	Parent / Guardian 2
First Name / Last Name		
Relationship to Child		
Home Address		
City / State / Zip		
Home Phone		
Cellular Phone		
Email Address		
Occupation		
Business / Firm		
Business Phone		

**Please enclose a \$50 non-refundable application fee with this application.
 Checks should be payable to LPSISF.**

