

**Informal meeting**  
to be filled in before the school visit

Milano, \_\_\_\_\_

Parent 1	Parent 2
Name and surname	Name and surname
Telephone number	Telephone number
Email	Email

**Child**

Name \_\_\_\_\_ Surname \_\_\_\_\_ Gender boy  girl

Date and place of birth \_\_\_\_\_

Previous school attended (name, town/country, email) \_\_\_\_\_

\_\_\_\_\_ Class attended in the current school year \_\_\_\_\_

Interest in enrolment in the current school year  or from the next school year

Number of brother(s) \_\_\_\_\_ Number of sister(s) \_\_\_\_\_

English level \_\_\_\_\_

Italian level \_\_\_\_\_

**Andersen School**

Why did you decide to visit Andersen School? \_\_\_\_\_

\_\_\_\_\_

Where did you find information about our school? \_\_\_\_\_

Do you know any parents/children who attend(ed) our school? \_\_\_\_\_

**Please remember to bring your child's last report with you when you come for the school visit (for pupils from Reception to Y9)**

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\_\_\_\_\_  
Signature