



LICEO SCIENTIFICO STATALE
«TITO LUCREZIO CARO»
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ENROLMENT FORM

XIX CERTAMEN LVCRETIANVM

SCHOOL INFORMATION

NAME OF THE SCHOOL _____
ADDRESS _____
STREET CODE _____ COUNTRY _____
TEL _____ FAX _____
SCHOOL CODE (if available) _____
E-MAIL _____

THIS SCHOOL WILL TAKE PART IN THE *CERTAMEN LUCRETIANUM* ACCORDING TO THE RULES GIVEN

SCHOOL TEACHER IN CHARGE OF THE *CERTAMEN* _____

TEL _____ E-MAIL _____

STUDENT/ STUDENTS PRESENTED _____

PLACE AND DATE OF BIRTH _____

CLASS/LEVEL _____

FINAL GRADE/MARK (SCHOOL YEAR 2017/2018) _____

Refer to our 8/9 out of 10 for your "very good" and to our 10 out of 10 for your "excellent"

ACCOMMODATION: YES NO

p.s. PLEASE WRITE IN CAPITAL LETTERS

DATE _____

THE PRINCIPAL