



ROMAN

HOLIDAY SUMMER STUDIES

Tel: 416-223-8618 • Web site: www.romanholiday.ca

First Choice	Course Code No
Second Choice	Course Code No

NAME OF APPLICANT

Last Name (as on passport): _____

First Name: _____ Middle Name: _____

Date of Birth: Year Month Day Male Female

Address: _____

Province/State: _____ Email: _____

Postal/Zip Code: _____

Residence Phone: _____ Business Phone: _____

Country of Citizenship: _____

Place of Birth: _____

Passport Number (If Available): _____

Issuing Country: _____ Expiry Date: _____

Full Name of Parent/Guardian: _____

Relationship: Mother Father Other (specify) _____

Residence Phone: _____ Parents Email: _____

School Presently Attending: _____

Address: _____

Name of School Contact: _____ Phone: _____

Most recently completed English Course (by July 1, 2024): _____

How did you hear about this course? _____

Special requests or medical information: _____

INSTRUCTIONS

[] Enclosed is \$1500 deposit* (cheque made payable to *Roman Holiday* Summer Studies or electronic money transfer to santino.bellisario@romanholiday.ca)

ACCEPTANCE IS SUBJECT TO MINIMUM ENROLLMENT AND APPROVAL

*Cancellation Insurance and Refund Policy

All Cancellations must be made in writing and are effective upon receipt.

*Air cancellation and air emergency return is NOT included in price, for reasons of accident, sickness or death to passenger or immediate family, excluding pre-existing conditions.

An all-inclusive Travel Insurance package will be available for purchase in January 2024.

Completed application form with cheque or electronic money transfer made payable to: *Roman Holiday* Summer Studies.

We hereby apply for the credit course listed above. It is understood that at a later date applicants must complete a Registration Form and Medical History form with accompanying terms and conditions.

Signature of Parent/Guardian:

Date:

Signature of Parent/Guardian:

Date:



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For More Information Contact: Santino Bellisario
416-223-8618 • www.romanholiday.ca



ROMAN HOLIDAY SUMMER STUDIES

A Secondary School Credit Course Programme

Re: Student Permission Form

Monday, September 4, 2023

Dear Parents and Students,

Now in our eighteenth year, *Roman Holiday Summer Studies* will offer credit courses again in the Eternal City during the month of July 2024. Students will have the following credit courses to choose from: Grade 12 English (ENG4U – Ontario Secondary School compulsory credit), Grade 12 Studies in Literature (ETS4U), The Writer’s Craft (EWC4U), Classical Civilizations (LVV4U) and a general interest non-credit touring programme as well. The courses offered will commence in Rome, Italy on Saturday, June 29, 2024 and students will return on Saturday, July 27. The courses are approved Ontario Ministry of Education credits. Please note for students interested in ENG4U, *Roman Holiday Summer Studies* reserves the right to recommend and approve students who have achieved a minimum grade of 70% in the required prerequisite ENG3U (Grade 11 English) either on the **FINAL or MIDTERM REPORT CARD (Midterm mark includes the successful completion of the midterm exam)** and a minimum overall average of 70% to take ENG4U English. All other courses require a minimum overall average of 75%. Applicants need the recommendation of their Grade 11 English or social science teacher and the signature of the Principal on the *Credit Course Registration Form*.

Students enrolled in the programme will stay in comfortable hotel accommodations in one of Rome’s picturesque neighbourhoods, minutes away from St. Peter’s Square and the Vatican where they will be surrounded by great antiquities and history. This represents a wonderful opportunity for your son or daughter to receive quality senior level instruction while experiencing firsthand the excitement of one of the world’s great cities.

The cost of the trip includes plane fare, shuttle to and from the airport, hotel accommodation, two meals a day, some instructional materials, charter buses, museum entrance fees, and a reunion dinner back in Toronto. The sum of **\$6,850.00** will cover the cost of the trip, not including cancellation insurance and out-of-pocket expenses. In all cases, a **\$1,500.00** deposit made out to “Roman Holiday Summer Studies” or electronically transferred to santino.bellisario@romanholiday.ca will be required to process any application. As well, new travel guidelines require that passports are valid for three months prior to travelling to Italy.

Please fill out the bottom portion of this letter. Then send it back to me with your son or daughter or email it to me in PDF. Any additional forms can be downloaded from the website: www.romanholiday.ca.

I look forward to an exciting summer of study and exploration in ancient Rome. Thank you for your interest.

Sincerely,

Mr. S. Bellisario
Programme Director and Operator
Roman Holiday Summer Studies

I, _____ give permission to _____, to attend the

Roman Holiday Summer Studies Programme from Saturday, June 29 to Saturday, July 27, 2024 in Rome, Italy.

Student email address Parent or Guardian Signature

Parents’ email address Parent or Guardian Signature

**ROMAN HOLIDAY SUMMER STUDIES PROGRAMME
INSURANCE COVERAGE
STUDENT PERMISSION FORM**

As a condition of participation in this excursion to Rome, Italy, *Roman Holiday Summer Studies* requires this form be completed by the parent/guardian of each student participant.

Name of Student: _____

Activity or Destination: *Roman Holiday Summer Studies* Programme in Rome, Italy _____

Date of Excursion: Sat., June 29, 2024 - Sat., July 27, 2024 Form of Transportation: Air

Departure time: June 29, 6:45 p.m. Estimated return time: July 27, 2024 5:00 p.m. Cost: \$6,850.00

Signature of Supervisor: _____ Supervisor in Charge: Mr. Santino Bellisario

Date: Saturday, June 29, 2024 Additional Supervisors: Mr. Alex Lombardi & Mrs. Erica Bellisario

The student named above has expressed a desire to be included in the group participating in the *Roman Holiday Summer Studies Programme* described above. The parent/guardian is requested to complete this form. If the student is 18 years of age, he/she may fill out this information.

I certify that the above-mentioned student is registered under:

Student Health Card Number: _____ Special Conditions/ Allergies: _____

Student Accident Insurance available through Roman Holiday Summer Studies: Yes _____ No _____

In the event of injury, I agree to accept all financial responsibility beyond the coverage provided for in those plans under which the student is registered.

Parent/Guardian Signature: _____ Date: _____

Mature Student Signature: _____ Date: _____

Address: _____

Home Phone Number: _____ Emergency Phone Number: _____

*** It is understood that while great care is taken by our staff in the organization and supervision of activities, unforeseen accidents may occur for which we are unable to accept liability.**



ROMAN HOLIDAY SUMMER STUDIES PROGRAMME

CREDIT COURSE REGISTRATION FORM

PLEASE ENSURE THAT ALL AREAS OF THIS REGISTRATION FORM ARE COMPLETED AND ACCURATE

PLEASE PRINT CLEARLY

SCHOOL LOCATION: _____

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STUDENT NUMBER

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PRESENT GRADE

BIRTH DATE:

--	--	--	--	--	--

day month year

NAME: _____
Surname First Name Sex - M/F

ADDRESS: _____
Postal Code

TOWN/CITY: _____ APT #: _____

--	--	--

Area Code

			-					
--	--	--	---	--	--	--	--	--

Home Phone Number

--	--	--

Area Code

			-					
--	--	--	---	--	--	--	--	--

Emergency Phone Number

CONTACT PERSON: _____

HOME SCHOOL: _____ OR LAST SCHOOL ATTENDED: _____
(IF NOT CURRENTLY IN SCHOOL)

SCHOOL BOARD: _____

MEDICAL CONDITIONS/ALLERGIES: _____

FIRST CHOICE: _____ Course Name: _____ Course Code: _____

SECOND CHOICE: _____ Course Name: _____ Course Code: _____

COURSE PREREQUISITE: _____ Course Code: _____

(Attach last transcript or report card with this application)

Completed application form with attached transcript and/or report card must receive approval from the Principal of the school awarding the credit before approval for participation in this summer credit programme can be granted.

STUDENT SIGNATURE: _____ Date: _____

PARENT/GUARDIAN SIGNATURE _____ Date: _____