

Scuola Internazionale Superiore di Studi
Avanzati
Ufficio Protocollo
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Via Bonomea n. 265
34136 Trieste

Subject: application for enrolment in SISSA's kindergarten "La SISSA dei Piccoli" for the educational year 2026/2027

I, the undersigned _____ born in _____
on _____, Italian Tax code _____, resident in (City)
_____, Province (____), Street _____
_____ (Postal code) _____ (tel. no. _____, e-mail
_____)

holder of the following position at SISSA¹ :

- employee (administrative and technical personnel, professors, researchers) with a *permanent/temporary*² contract for the period from _____ to _____;
- research (student, fellowship holder, research assignment) for the period from _____ to _____;
- coordinated and continuative collaboration contract for the period from _____ to _____;

or

winner of a public competition for one of the following positions at SISSA¹:

- employee (administrative and technical personnel, professors, researchers) with a *permanent/temporary*² contract for the period from _____ to _____;
- research (student, fellowship holder, research assignment) for the period from _____ to _____;
- coordinated and continuative collaboration contract for the period from _____ to _____;

or

person who has signed a contract with _____³, obtained to carry out researches at SISSA, for the period from _____ to _____, upon SISSA's official commitment to host the researcher at its offices so that he/she can carry out research activity in collaboration with the Scientific Areas of the School, with no costs to be charged to SISSA.

REQUEST¹

that my child **keeps on attending** SISSA's kindergarten for the year 2026/2027, with the following form of attendance:

¹ Mark with an X the position held.

² Cancel the option which is not applicable.

³ Write the name of the foreign Institution.

- full time (07.30 a.m.-5.30 p.m.)
- part time (07.30 a.m.-2.15 p.m.)

Or

- that my child **be enrolled** in SISSA's kindergarten for the year 2026/2027, with the following form of attendance:
 - full time (07.30 a.m.-5.30 p.m.)
 - part time (07.30 a.m.-2.15 p.m.)

and for this purpose, under my own responsibility, and mindful of the sanctions foreseen by art. 496 of the Penal Code, together with art. 76 of DPR 445/2000⁴ regarding false declarations:

**I DECLARE
in accordance with arts. 46 and 47 of DPR 445/2000⁴**

a) the following data regarding the child to be enrolled in SISSA's kindergarten:

Name _____ Surname _____ sex: F M
 born in _____ (Country _____) on _____
 Italian Tax code _____, resident in _____
 Prov. (____), Street _____ Postal Code _____,

b) the following data regarding the child's mother: Name _____ Surname _____
 _____, resident in _____ Prov. (____),
 Street _____ Postal Code _____, (Country _____)
 Contacts: home/mobile tel. no. _____ Work tel.no. _____
 e-mail _____, employee of _____
 _____ office address _____
 (Prov.) _____ Street _____;

c) the following data regarding the child's father: Name _____ Surname _____
 _____, resident in _____ Prov. (____),
 Street _____ Postal Code _____, (Country _____)
 Contacts: home/mobile tel. no. _____ Work tel.no. _____
 e-mail _____, employee of _____
 _____ office address _____
 (Prov.) _____ Street _____;

⁴ DPR 28.12.2000, n.445 – "Testo unico delle disposizioni legislative e regolamentari in materia di documentazione amministrativa" (Consolidating legislation regarding administrative documentation)

- d) to have read and to accept the Regulations regarding the management of the kindergarten of SISSA “La SISSA dei Piccoli” (issued by Director’s Decree no.189/18 dated March 16th, 2018) – Attachment A), which I return duly signed in acceptance of the conditions;
- e) the following conditions which can be taken into account for drawing up the classification list for admission to the kindergarten, in accordance with art. 4 of the “Regulations regarding the management of SISSA’s kindergarten” – Attachment A) (*mark with an X the condition which you intend to declare*)

		SPACE RESERVED FOR THE ADMINISTRATION
		POINTS
1	<input type="checkbox"/> Disability of child (with certificate issued by the competent Health Authority in accordance with L.104/92)	
2	<input type="checkbox"/> Family unit including members with certified disabilities pursuant to Italian Law 104/92 or with an invalidity over 70% certified by the competent Health Authority (*)	
3	<input type="checkbox"/> Family unit with a single parent (points are awarded only if the child is recognized by only one parent or if the parent is widowed or the child is an orphan)	
4	<input type="checkbox"/> The parent who is applying does not live with the other parent (**)	
5	<input type="checkbox"/> Both parents have work/collaboration contracts at the date of application	
6	<input type="checkbox"/> One of the parents works continuously or prevalently over 150 km from the SISSA premises in Via Bonomea no. 265 - Trieste	
7	<input type="checkbox"/> Another child attends SISSA’s kindergarten at the same time	
8	<input type="checkbox"/> Family unit composed of no. _____ ⁵ other children from 0 to 3 years ⁶	
9	<input type="checkbox"/> Family unit composed of no. _____ ⁵ other children from 4 to 6 years ⁶	
10	<input type="checkbox"/> Family unit composed of no. _____ ⁵ other children from 7 to 14 years ⁶	

(*) *Persons other than the child for whom enrolment in the is requested*

(**) *Different cases from the previous point 3*

- f) to be aware that, pursuant to and by effect of Regulation (EU) 2016/679 “General Data Protection Regulation”⁷ and of D.Lgs. 196/2006⁸, all personal data received will be treated, also with information technology, exclusively for the purpose for which the present declaration has been made.

In attachment:

- the “Regulations regarding the management of SISSA’s kindergarten”, duly signed for acceptance;
- a copy of a valid identity document of the declarant⁹;
- a copy of valid ISEE certification^{10 11}.

⁵ *Indicate the number of other children*

⁶ *The age intended is that at the time of application*

⁷ *Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).*

⁸ *D.Lgs. 30.06.2003.n. 196 – “Codice in materia di protezione dei dati personali” (Code for the protection of personal data)*

⁹ *In accordance with art. 38 of DPR 445/2000.*

¹⁰ *Mark with an X if the ISEE certification is attached to the present application.*

¹¹ *Attach ISEE certification so so-called “Minorenni”, in the case of unmarried parents who are not living together.*

Or

I will consign ISEE certification not later than 30 April 2026

Trieste, _____ (*date*)

Read, confirmed and signed

Signature of the parent presenting the application