Enrolment Form

PERSONAL DETAILS F ☐ M ☐

Family name _____ First name _____ Date of birth (dd.mm.yy.)___/___/ ___/

Nationality _____ Address / Street _____

City _____ Postcode _____ State _____Country _____

Occupation _____ e-mail _____

Tel. Home _____ Tel. Work _____ Cell _____Fax _____

Mother tongue _____ Other languages _____

COURSE DETAILS

- Language Course: **Basic 20** ☐ **Intensive 25** ☐ **Survival Italian 10** ☐ **Language Year/Semester** ☐

Teacher Refresher Course ☐ **CELI Exam Preparation** ☐ **One-to-One** (how many lessons _____) ☐

Start date language course (dd.mm.yy.) ____/____/____/ For how many weeks ____/

Your level of Italian: **Beginner** ☐ **Elementary** ☐ **Intermediate** ☐ **Advanced** ☐

- Additional Course: **Art History** ☐ **Cucina Italiana** ☐ **Professional Cooking** ☐

Fashion Design ☐ **Drawing & Painting** ☐

Start date additional course (dd.mm.yy.) ____/____/____/ For how many weeks ____/

How did you learn about Eurocentres Firenze: Friends ☐ School ☐ Advertisement ☐ Internet ☐ Other ☐

ACCOMMODATION

B Homestay + Half Board ☐ **D** Homestay + Bed & Breakfast ☐ **E** Residence ☐ **F** Luxury Residence ☐

☐ single room ☐ double room (prices on request) with _____ Apartment ☐

Arrival date (dd.mm.yy.) ____/____/____/ Departure date (dd.mm.yy.) ____/____/____/

Do you have any special requests related to medical condition, allergies or diet?_____

Other requirements: _____

Do you smoke? Yes ☐ No ☐ Do you mind staying with a family with smokers? Yes ☐ No ☐

I will arrange my own accommodation ☐ **Taxi transfer on arrival** Yes ☐ No ☐

To ensure your course is reserved for you, kindly pay the enrolment fee of **Eur 110**. Course payment details will follow.

Payment methods: Bank transfer ☐ Credit card * ☐ Please debit the enrolment course fee of Eur 110 to the following credit card: ☐ Visa ☐ Master/Euro card ☐ American Express

Card number _/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/ Expiry date (mm.yy.) ___/___/

Name cardholder: _____

*Please send us a copy of both sides of your credit card.

The total fee for the course will be charged 6 weeks before the beginning of the course. For later enrolments the fees will be charged immediately.

I declare that I have read the school regulations (Standard Terms of Business) and accept them.

According to the provisions of Italian law n. 196 of 30th June 2003, I declare to have read the information concerning data privacy and I give my consent for the handling of the personal information supplied (Art. 19 General Terms and Conditions). The provision of data is optional but is necessary for the supply of the requested service. The individual can exert their rights as set out in article 7 of Italian law N. 196/2003.

Date: _____ Signature: _____

Date: _____ Signature:_____

(For students under age, parent or guardian)

Please send the completed enrolment form by fax to +39 055 216497 or mail to:

EUROCENTRES **Firenze**
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