



ANGEL ACADEMY *of* ART

F L O R E N C E

APPLICATION FOR ADMISSION

NAME:

ADDRESS:

PHONE:

FAX:

E-MAIL:

DATE OF BIRTH:

IN CASE OF EMERGENCY CONTACT

NAME:

RELATIONSHIP:

ADDRESS:

PHONE:

FAX:

E-MAIL:

ART TRAINING

WHERE AND WITH WHOM HAVE YOU STUDIED:

BRIEFLY, GIVE US AN IDEA OF WHY YOU WANT TO ATTEND THE ANGEL ACADEMY:

INTENDED DATE OF COMMENCEMENT

PLANNED LENGTH OF STAY

HOW DID YOU HEAR ABOUT THE ANGEL ACADEMY

Please enclose 5 photographs or slides of your recent drawing/paintings.

CANCELLATIONS

1. Cancellations must be sent to the school by registered letter, fax or email.
2. If a cancellation is made more than 31 days before the beginning of the course, the school will retain half of the tuition fee plus the non-refundable deposit.
3. If a cancellation is made up to 30 days before the beginning of the course, no refund will be given.
4. There will be no refund for students who are absent during classes or who take extended leave for whatever the reason.

I agree to abide by the conditions as stated.

SIGNED:

DATE:

I authorize the treatment of my personal data according to the Italian Privacy act N° 196/2003

SIGNED:

DATE: