

ART SCHOOL REGISTRATION FORM

Congratulations for enrolling with ART School

www.artealing.co.uk



Please fill in the form in BLOCK letters.

Date of Registration

Intended date of start

STUDENT PERSONAL DETAILS

Name(s)

Surname

Level

Prefer days (Mon -Sun)

How did you hear about us ?

Gender ☐ Male ☐ Female

Date of Birth

Current School

Prefer Time

Intended start date

STUDENT CONTACT DETAILS

Home No

Email

Address

Number

Street Name

County

City/Town

Mobile

Postcode

PARENT/ GUARDIAN DETAILS

Name

Surname

Landline No

Email

Relationship ☐ Parent ☐ Guardian

☐ Other (specify)

Mobile

STUDENT HEALTH

Do you suffer from any particular health complaint or allergy? ☐ Yes ☐ No

If yes give details e.g. asthmatic, hearing difficulties, diabetic etc

ADDITIONAL INFORMATION

£15.00 Per Session



£50.0 on monthly payment (Discounted Price)