KALLIDORA
ACADEMY

Enrolment Form

Certificate for Beauty Specialists

Cost of Course: €900

PERSONAL INFORMATION:

I.D. NUMBER _____

NAME _____

SURNAME _____

MOBILE NO. _____

EMAIL ADDRESS _____

SEX _____

DATE OF BIRTH _____

AGE _____

HOME ADDRESS _____

CITIZENSHIP _____

MEDICAL CONDITIONS _____

DISABILITY CONDITIONS _____

HIGHEST QUALIFICATION LEVEL _____

EMERGENCY CONTACT NO. _____

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PRACTICE LECTURES:

Please select the group you will be joining:

Mondays 10:00 – 14:00 ☐

Saturdays 13:30 – 17:30 ☐

Should another class be opened, please list any other dates and times you would be available to attend: _____

COURSE FEE PAYMENT AGREEMENT:

Please select your payment method:

☐ **Option A: FULL TUITION**

I, _____ confirm that I have paid the **full course fee of €900** upon registration for this course.

OR

☐ **Option B: FLEXIBLE PAYMENT PLAN:**

I, _____ confirm that I have paid **€300 deposit** upon registration for this course. The remaining balance of **€600** will be paid in **3 monthly installments of €200** each, starting from **February** and ending in **April.**.

Payments must be settled no later than the last calendar day of each month.

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DECLARATION:

I, the undersigned, confirm that I have read, understood, and signed the **Enrolment Agreement** provided by the Academy.

I acknowledge and understand that should I choose to discontinue this course for any reason, the following terms will apply:

- If the **Flexible Payment Plan** has been selected, **the full outstanding balance remains payable,** regardless of attendance, participation, or course completion.
- **No refunds will be issued**, and payments made are **non-transferable** to any other course or service.

Date: _____

Student Name & Surname: _____

Student's Signature: _____

School Principal's Signature: _____