KALLIDORA
ACADEMY

Enrolment Form

Diploma for Beauty Specialists

Cost of Course: €2,550

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:

Kindly select the group you will be joining:

Group 1: Mondays 10:00 – 14:00 ☐

Group 2: Saturdays 1:30 – 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 €2,550** upon registration for this course.

OR

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

I, _____, parent/legal gurdian of _____ confirm that I have paid a **€500 deposit** upon registration of the course. The remaining balance of **€2,000** will be paid in **8 monthly installments of €250** each, starting from **October** and ending in **May**.

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

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DECLARATION:

I, _____ parent/legal gurdian, on behalf of my child _____ - the undersigned, confirm that I have read, understood and agree to the terms and conditions of the **"Enrolment Agreement"** provided by the school.

I acknowledge and understand that **if the student chooses to discontinue this course, FOR WHATEVER REASON,** the following terms apply:

- If the **Flexible Payment Plan** was selected, **the full remaining balance is still to be paid regardless of attendance or completion.**
- No refunds will be issued, and payments cannot be transferred to any other courses.

Date: _____

Student Name & Surname: _____

Student's Signature: _____

Parent's Signature: _____

School Principal's Signature: _____