KALLIDORA
ACADEMY

# Enrolment Form

## Diploma in Indian Head Massage

Cost of Course: €2,050

**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:

**The standard schedule for practical lectures:**

Mondays 17:00 – 19:00 ☐

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 €2,050** upon registration for this course.

**OR**

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

I, _____ confirm that I have paid **€550 deposit** upon registration for this course. The remaining balance of **€1,500** will be paid in **6 monthly installments of €250** each, starting from **October** and ending in **March**.

**All installments 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:** _____