



ENROLMENT FORM

Please write in block capitals

PERSONAL INFORMATION

MR MS

NAMESURNAME

HOME ADDRESS

CITY ZIP/POSTCODE

COUNTRY

TELEPHONE

EMAIL

AGEPROFESSION

FIRST LANGUAGEOTHER LANGUAGES

KNOWLEDGE OF ITALIAN: A0 A1 A2 B1 B2 C1 C2

For further information about the European language levels: <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

HOW DID YOU HEAR ABOUT ARCA?

On the Internet Through friends/former students Other (please specify):

COURSE

TYPE OF COURSE

DURATION (NUMBER OF WEEKS) FREQUENCY (HOURS PER WEEK)

COURSE PRICE..... COURSE STARTING DATE

ACCOMMODATION

Would you like our help in finding and booking accommodation? Yes No

If yes, please specify which kind of accommodation you require.....

DURATION (NUMBER OF WEEKS) From (arrival) to (departure)

Smoker? Yes No

Allergies? Yes, I am allergic to: No

Any other details concerning the accommodation required (e.g. family or students, pets, Internet access, etc.):

.....

CONSENT TO THE PROCESSING AND USE OF PERSONAL DATA FOR PURPOSES RELATING TO THE PROVISION OF THE SERVICE

I, the undersigned, having been given the possibility to consult the school's privacy policy, freely express my consent to the processing of my personal data for purposes relating and/or instrumental to the contractual and legal obligations of the school (also financial and tax-related).

Authorize []

LEGIBLE SIGNATURE _____

1. CONSENT TO THE DIRECT SENDING OF ADVERTISING AND/OR INFORMATIVE MATERIAL

I, the undersigned, having been given the possibility to consult the school's policy, freely express my consent to the direct sending of material for the purposes of information, advertising, direct sales, the conducting of market research and commercial communication, through electronic mail.

Authorize [] Do not authorize []

LEGIBLE SIGNATURE _____

2. CONSENT TO THE SENDING OF ADVERTISING AND/OR INFORMATIVE MATERIAL MANAGED BY THIRD PARTIES

I, the undersigned, having been given the possibility to consult the school's policy, freely express my consent to the sending by third parties of material for the purposes of information, advertising, direct sales, the conducting of market research and commercial communication, through electronic mail.

Authorize [] Do not authorize []

LEGIBLE SIGNATURE _____

3. CONSENT TO THE TAKING OF PHOTOS AND VIDEOS AND THEIR PUBLICATION

I, the undersigned, authorize, free of charge, the taking, use and storage of images (photos and/or videos) and/or their display inside the school and/or their publication on the school web site, also for the purposes of providing information and publicity about the school's activities.

Authorize [] Do not authorize []

LEGIBLE SIGNATURE _____

DEPOSIT

To enroll, you need to make an advance payment of € 150,00 .

Please select your chosen method of payment: Bank Transfer Credit Card (through the safe system Pay Pal on Arca website)

Please contact us if you need information regarding your payment.

SIGNATURE DATE

Please send the complete form to:

Email: info@arca-bologna.com