



ENROLMENT FORM

Please write in block capitals

PERSONAL INFORMATION

MR MS

NAME SURNAME
HOME ADDRESS
CITY ZIP/POSTCODE
COUNTRY
TELEPHONE FAX
EMAIL
AGE PROFESSION
MOTHER TONGUE

KNOWLEDGE OF ITALIAN:

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

ACCOMODATION

Would you like our help in finding and booking accomodation? Yes No
If yes, please specify which kind of accomodation you require:

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.):

TRANSFER

Would you like to be picked up by one of our staff at your arrival (price on request)?

Yes No

DEPOSIT

To enrol, you need to make a minimum advance payment of € 150,00 . Enter the amount you wish to pay below:
€

NB If you are entitled to a discount, this will be deducted from the balance payment.

Please select your chosen method of payment:

Bank Transfer Credit Card (through the safe system Pay Pal on Arca website)

SIGNATURE DATE

Please send the complete form to:

- Email: info@arca-bologna.com
- Fax: +39 051 225314