

## **REGISTRATION FORM**

Last name: (student)  Date of birth:	First nam (student)	e:	
ADDRESS			
Street and no.:	CP and loo	CP and locality:	
Country	Nationali	ty:	
CONTACT  Phone privat:  Mobile:			
LEGAL REPRESENTATIVE (IN CASE OF A M  Last name:	<b></b> .	e:	
Phone privat:	Mobile:	Mobile:	
COURSES			
COURSE	DAY	TIME	TEACHER
NOTE: This registration implies that you h school. The registration is active for one y September. The registration becomes defi strictly confidential and for the school's ac	ear and is renewable a nitive only after confir dministrative use.	t the beginning mation by the so	of the school year in
Place	Date		
Signature			