APPLICATION FORM

date:_____

PARENT'S NAME: RELATIONSHIP TO CHILD:

CONTACT NUMBER (with whatsapps):   EMAIL ADDRESS:

STUDENTS' INFORMATION

SURNAME: GIVEN NAME

AGE: EMAIL ADDRESS:

PROGRAMME SELECTION

REGULAR CLASS   WORKSHOP
(4/5 classes @ once per week)   (4 classes consecutive days)

ARCHITECTURAL PROGRAM 1.0

3D Printing Art Program 2.0 /
Product Design Program 5.0

Interior Design PProgram 3.0

Smart City Program 4.0 -3DExperience Platform

Other: _____

AVAILABLE DAY   AVAILBLE TIME SLOT (1.5 hrs)

*the avialble day and time slot will be cross referenced with existing class schedule. You will be informed via whatsapp or email for any changes.

DATE1:   SIGNATURE