GALVEZ ATELIER

STUDENT REGISTRATION FORM

STUDENT INFORMATION

NAME: _____ _____
(NICK NAME) (SURNAME) (FIRST NAME) (M.I)
BIRTHDAY: _____ AGE: _____ SEX: _____
SCHOOL/OCCUPATION: _____
CONTACT NUMBER(S): _____ E-MAIL ADDRESS: _____
HOME ADDRESS: _____
EMERGENCY CONTACT PERSON / CONTACT NUMBER: _____

COURSE:			
NO. OF SESSION(s)	**DATE**	**DESCRIPTION / TEACHER**	**REMARKS**

Galvez Atelier is not responsible for missed classes; If we are not advised on your absence at least a day before, your class is forfeited.

DATE OF ENROLMENT: _____ Workshop Fee / No. of Sessions: _____
AMOUNT PAID / DATE: *(Full)* _____ *(Partial) 1st* _____ *2nd* _____ *3rd* _____

SIGNATURE: _____

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