



Accademia D'Arte

Enrolment form

First name: _____

Last name: _____

Date of birth: _____ / _____ / _____

Nationality: _____

Address: _____

Phone: _____

Fax.: _____

E-mail: _____

Possible address in Florence: _____

Telephone in Florence: _____

Knowledge of the italian language:

none elementary average good excellent

Level of study: _____

Profession: _____

Enrol to the course: _____

Duration: _____

Start date: _____

Accommodation requested:

With a family, include breakfast single room sharing room

With a family, include breakfast and dinner single room sharing room

In a student apartment single room sharing room

In an individual apartment

Hotel, single room, include breakfast

How do you know about the academy: _____

Remarks: _____

Date: _____

Signature: _____

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