



# Kilkenny College of Beauty and Sports Therapy

## Student Registration and Enrolment form

Name: .....

Address: .....

Telephone Number: .....

E-Mail address: .....

Date of Birth: .....

Do you have any previous Beauty Therapy qualifications: .....

Consent of parents if under 18: .....

Course to be undertaken: .....

What do you want to learn from the course: .....

Where did you hear about the course: .....

Fee: .....

Deposit paid .....

Balance Due .....

Payment 2 due date/amount: .....

Registration/ Enrolment date: .....

I have been informed that tuition fees do not include kits/books/uniforms or exam fees.

All deposits and fees are non-transferable and non-refundable

All courses are subject to change due to ongoing advances in the Beauty Therapy field

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Terms and conditions Apply

Deposit: \_\_\_\_\_ Date: \_\_\_\_\_

Payment 2: \_\_\_\_\_ Date: \_\_\_\_\_

Tick the boxes below if you agree

( ) I agree that my information will be kept on file for 7 years for insurance purposes and agree with your privacy policy.

( ) I agree that my details be kept on file for 12 months after your course finishes for marketing purposes