



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:.....

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

Once a course has been undertaken you are liable for all fees that course

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

Signed: _____

Date: _____

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

() I agree to terms and conditions



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