

APPLICATION FORM

Name and Surname of applicant: _____

Contact Tel number: _____

Email Address: _____

Physical Address: _____

Previous experience, please tick: Sketching: Watercolours: Acrylics: Oils: None:

Number of years' experience: _____

Age of Student: (if under 18) _____

Parent name: (if under 18) _____

Parent cell no. (if under 18) _____

I.D. Number of Person responsible for account : _____

Spouse/guardian: Name: _____

Email Address of parent: (if under 18) _____

BEFORE SIGNING THIS FORM, PLEASE CAREFULLY READ OUR TERMS AND CONDITIONS

- 1 Fees must be paid one month in advance, by the 3rd of each month.
- 2 **One calendar month's notice is required to terminate contract with Art Alive.**
- 3 **Fees are due even if you cannot attend a class as your space is reserved in the studio**
- 4 If classes are missed for whatever reason they may be made up anytime during the year in other classes, you are requested to arrange this day with the respective teacher to organise catch up classes
- 5 The studio holds an Annual Art Exhibition for students; during this week (usually July/August), there are no classes
- 6 Friends or siblings accompanying an art student may do so once at a fee of R185 for the lesson on weekdays and R300 for Saturday classes as unexpected guests compromise our studio space
- 7 Class fees for weekdays is R770.00 per month for one 3 hour class per week.
Class fees for Saturdays is R600.00 per month for one 3 hour class every alternate Saturday.
- 8 We encourage students to pay an amount in advance for unexpected stock items from the store.

I, the Artist or Parent/Guardian of the Artist, agree that I will give one calendar months' notice with my last payment should I wish to discontinue classes at Art Alive Art School. All art materials and class fees will be settled before the last class commences. I have read and agree with the terms and conditions as set out above, and I am aware that this is a legally binding agreement. I understand that I will be held responsible for legal costs if the account is handed over for debt collecting purposes.

Signature: _____

Name: _____

Date: _____

Banking Details for accounts:

Art Alive

Account no: 420186476

Standard Bank

Branch no: 013042