



# Art Alive Art School Application Form

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## Art Student Enrolling

Name and surname : \_\_\_\_\_

Contact number of student : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Previous art schools attended : \_\_\_\_\_

Preferred day of the week to attend class : \_\_\_\_\_

Desired date of first class : \_\_\_\_\_

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## Parent / Guardian information in case of students under 18

Parent / Guardian 1

Name : \_\_\_\_\_

Contact : \_\_\_\_\_

Parent / Guardian 2

Name : \_\_\_\_\_

Contact : \_\_\_\_\_

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## Person responsible for payment

ID number of person responsible for account : \_\_\_\_\_

Email address for monthly statements : \_\_\_\_\_

Please include a copy of your ID with this form.

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## Terms and conditions

**Before signing, please read our Terms and Conditions.**

Fees must be paid in advance by the 3rd of each month.

One calendar month's notice is required to terminate a contract with Art Alive.

Fees are due even if you cannot attend a class, as your space is reserved in the studio.

**Initial here :** \_\_\_\_\_

Should a student be unable to attend a class, catch-up classes may be arranged with the teacher. Catch-up classes expire at the end of a notice month.

**Initial here :** \_\_\_\_\_

During the week of our annual art exhibition (end of July) there are no classes and communication will be sent.

**Friends or siblings accompanying an art student may do so once at the following fees:**

Weekday classes R220 per class

Saturday classes R342 per class

Weekday Craft classes R198 per class

**Class fees 2024:**

Class fees for weekdays are R880.00

Class fees for Saturdays are R685.00

Class fees for craft classes are R790.00

I, the Artist or Parent/Guardian of the Artist, agree that I will give one calendar month's 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 of person responsible for account : \_\_\_\_\_

Full names : \_\_\_\_\_

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

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*We at Art Alive are excited for you to join us and*

*Bring your Art Alive with you*