APPLICATION CARD

|  |  |
| --- | --- |
| NAME OF COURSE |  |
| LEVEL OF ADVENCEMENT | A1 🞎 A2 🞎 B1 🞎 B2 🞎 C1 🞎 C2 🞎 |
|  | Days and hours of course:- - - |

|  |  |
| --- | --- |
| Price: *Fee for 2 semesters – lessons are scheduled according to school year schedule 2017/2018 including holidays (according to the education system in Poland).* | Payment up to 10th of each month. |
| 🞎 I agree to send the VAT invoice to the email address:…………………………………………..(payment by bank transfer) | Chcę odbierać fakturę w biurze szkoły:🞎 cash payment🞎 payment by bank transfer |

|  |  |
| --- | --- |
| NAME |  |
| SURNAME |  |
| DATE AND PLACE OF BIRTH |  |
| NATIONALITY |  |
| IDENTIFICATION |  |
| ADDRESS |  |
| PHONE NUMBER |  |
| E-MAIL |  |

|  |  |
| --- | --- |
| BILLING INFORMATION: |  |

I commit to timely payment of course according to the payment schedule.

The term of contract termination is ……………. .

I untertake to abide by the terms of the contract.

|  |  |
| --- | --- |
| ……………………………………………………….Date and place | …………………………………………..Signature |