

Garden and Landscape Design School

Firenze

Enrolment Form

Name: _____

Surname: _____

Date of birth: ____/____/____

Citizenship: _____

Address: _____

Telephone: _____

Mobile: _____

Fax: _____

E-mail: _____

Address in Florence (if any): _____

Knowledge of the Italian language:

Beginner (A1)

Elementary (A2)

Medium (B1)

Advanced (B2)

Superior (C1)

Education: _____

Work: _____

Choice of course: _____

Length: _____

Start date: _____

Accommodation in Florence:

Not required

Family with breakfast

Family with half-board

Flat with other students

Studio

Hotel with breakfast ____ stars

Single room

Single room

Single room

One person

Single room

Double room

Double room

Double room

Two persons

Double room

Comments: _____

Place and date: _____, ____/____/____ Signature: _____