

Registration for the admission procedure at ZOE SCHOOL FOR DANCE MOVEMENT THERAPY

This registration is valid for admission to the entrance examination. Admission to the course requires a training contract signed by the student and the school management.

|  |
| --- |
| Family name:  Surname:  Adress:  PLZ, Place:  Phone Nr.:  Date of Birth:  Nationality:  Relatives who can be contacted in an emergency: |

Submission

Send this application form and your dossier, as described in the document Application and admission procedure, to admin@zoeschool.ch. Also send this application form by post to zoe ArtsTherapy, Elsässerstrasse 34, 4056 Basel.

My dossier concerns:

Completion of:  
(please tick)

the entire course

individual modules

Candidates for the entire course

I register bindingly for the practical entrance examination day on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please list the day of the entrance examination) and I have paid the costs of CHF 300.- on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please fill in date) into the account zoe ArtsTherapy, Elsässerstasse 34, 4056 Basel, IBAN CH70 0077 0254 5671 4200 1.

Candidates for individual modules

I have paid the costs of CHF 100.- for the examination of my dossier on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please fill in date) into the account zoe ArtsTherapy, Elsässerstasse 34, 4056 Basel, IBAN CH70 0077 0254 5671 4200 1.

.

Date, Place Signature