



ENROLLMENT INSTRUCTIONS

1. Read through the Korpus School of Art + Gallery Policies guide for information about the school's Enrollment and Refund Policy. Please feel free to contact us with any questions.
2. Email us to reserve a seat in the classes you wish to attend.

You can email us at: korpus.info@gmail.com

Our phone will be coming soon! If you need to talk in person, email us, and we will send you a phone number to call.

Your space will be held for 5 days from the date after you receive our reservation confirmation email. If payment is not received within the payment deadline (usually in 5 week days), the space will be passed on to the next person on the waiting list.

All reservations are taken on a first come first served basis.

3. Fill out the Enrollment Form below and mail it with your payment to:

KORPUS SCHOOL OF ART + GALLERY
1300 FACTORY PLACE, UNIT 308
LOS ANGELES, CA 90013

Make check payable to:
KORPUS SCHOOL OF ART + GALLERY

Or, you can drop off the payment by making an appointment. (Please do not drop by without an appointment).

For studio visits, please email or call ahead to make an appointment.

For payment, we accept Cash, Check, or Money Order.

We will email you to notify you when we have received your mailed payment. Your receipt will be sent to you shortly by email.



E N R O L L M E N T F O R M

CLASS TITLE	TIME	TUITION
Registration Fee - \$10 (once per 10 Week session / non-refundable, applies to all 10 week classes)		
TOTAL		

FIRST NAME	LAST NAME
AGE	ADDRESS
CITY	STATE ZIP
EMAIL(WORK)	EMAIL(HOME)
TEL(HOME)	TEL(WORK) TEL(CELL) <small>*At least one email address is required.</small>

*At least one contact number is required.

EMERGENCY CONTACT INFORMATION (*REQUIRED)

In the event of an emergency, please contact:

Emergency Contact 1:

FIRST NAME	LAST NAME
RELATIONSHIP	ADDRESS
CITY	STATE ZIP
EMAIL(WORK)	EMAIL(HOME)
TEL(HOME)	TEL(WORK) TEL(CELL) <small>*At least one email address is required.</small>

*At least one contact number is required.

Emergency Contact 2:

FIRST NAME	LAST NAME
RELATIONSHIP	ADDRESS
CITY	STATE ZIP
EMAIL(WORK)	EMAIL(HOME)
TEL(HOME)	TEL(WORK) TEL(CELL) <small>*At least one email address is required.</small>

*At least one contact number is required.

MEDICAL CONDITIONS

Please list any special medical conditions (Please note that YOU are responsible for your health and safety while at Korpus School of Art + Gallery):

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 By signing this agreement, I acknowledge that I have read and understand all of the Korpus School of Art + Gallery Policies, and agree to abide by all of the rules and regulations set forth.

SIGNATURE	DATE
SIGNATURE OF GUARDIAN (if student is under 18)	DATE

**SEND ENROLLMENT FORM AND PAYMENT TO:
 KORPUS SCHOOL OF ART + GALLERY, 1300 FACTORY PLACE UNIT 308, LOS ANGELES, CA, 90013**

