



## REGISTRATION FORM PRO -TRAINING

**AUDITION'S DATE:** ..... / ..... / .....

**<sup>1</sup>NAME:** .....

Please join:

- 1 C.V
- 1 motivation letter
- 1 ID photo

**FIRST NAME:** .....

**BIRTH DATE:** ..... / ..... / ..... (Age:      )

**ADRESS:** .....

**ZIP CODE:** .....

**CITY:** .....

**COUNTRY:** .....

**TEL:** ..... / ..... / ..... / ..... / .....

**How did you hear about school ?** .....

**CURENT SITUATION (Profession, study, unemployed...):** .....

.....

**FUNDING SOURCE (Personal, parental, loan ...):** .....

**HAVE YOU A HOUSING SOLUTION ?:**    YES / NO

**SIGNATURE**

<sup>1</sup> SAS AB SCHOOL TLS

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Déclaration d'activité enregistrée sous le numéro 76310854431 auprès de la Préfecture de la Région Languedoc-Roussillon-Midi-Pyrénées