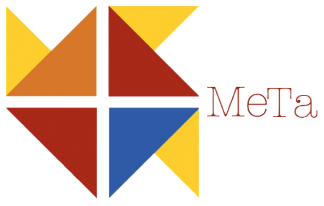
****

|  |  |
| --- | --- |
| **META Mesterek és Tanítványok Elementary School of Art** | |
| 97/C Hegedűs Gyula street, Budapest 1133 | |
| **Phone**: | *+36/30* 409-2718 |
| **Web**: | [www.metamuveszetikozpont.com](http://www.metamuveszetikozpont.com) |
| **E-mail**: | [info@metamuveszetikozpont.com](mailto:info@metamuveszetikozpont.com) |

ENROLLMENT FORM for group art education  
2023/24

|  |  |
| --- | --- |
| STUDENT’S NAME: |  |
| NATIONALITY: |  |
| PLACE AND TIME OF BIRTH: |  |
| ADDRESS: |  |
| MOTHER’S NAME: |  |
| OM IDENTIFICATION NUMBER *(11-digit number starting with 7 on the student ID card)*: |  |
| NAME OF SCHOOL: |  |
| CLASS (starting from September): |  |
| ADDRESS OF SCHOOL: |  |
| LEGAL REPRESENTATIVE: |  |
| PHONE: |  |
| E-MAIL: |  |

**Selectable courses** *(please indicate by underlining!)*

|  |  |
| --- | --- |
| ACTING AND PUPPETRY BRANCH: | acting, puppetry |
| FINE AND APPLIED ARTS BRANCH: | painting, graphics, handicraft, photo-film |
| DANCE ART BRANCH: | folk dance |

DECLARATION *(Please indicate by underlining!)*

1. I declare that I have not enrolled my child in any other state-supported art school from September 1, 2023, therefore, I am paying a support fee in META Masters and Disciples Elementary School of Art. YES / NO
2. I declare that I have enrolled my child in another art school from September 1, 2023, therefore I will pay tuition fee in META Masters and Disciples Elementary School of Art. YES / NO
3. In case of disadvantageous situation, social need, I request exemption from the tuition fee. I will submit the necessary documents for verification. YES / NO

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Location, date (YYYY-MM-DD) | Signature of legal representative |

**DECLARATION OF CONSENT FOR DATA PROCESSING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name) consent to the processing of my personal data / the personal data of the minor represented by me, recorded on the data sheet attached to this statement and made available to META Mesterek és Tanítványok Alapfokú Művészeti Iskola (META Masters and Disciples Elementary Art School, 97/C Hegedűs Gyula street, Budapest 1133; School ID: 200 211) - hereinafter referred to as the data controller - and to be included in the database of Cilinder Színház és Iskola Alapítvány (Cilinder Theater and School Foundation, 97/C Hegedűs Gyula street, Budapest 1133) - hereinafter referred to as the data processor - maintaining them until the withdrawal of my consent.

The purpose of data processing is to fulfill the services and obligations undertaken by the data controller, to identify the data subject, to maintain contact and communication with the data subject, and to provide information via electronic mail. We do not voluntarily disclose the data to third parties, except to authorities if they have the appropriate authorization.

I do not consent to the data controller publishing any media created of my child during school or art classes, performances, competitions, or exhibitions on their website or any other art-promoting platform.  
(The recording can be previewed upon parental request.)

I do not consent to receiving information about future events via email.

Location and date: , 2023-  *(YYYY-MM-DD)*

|  |  |
| --- | --- |
| **Signature of declarant** *(in case of a minor, signature of legal representative, until 14 years of age the parent, between 14-16 years of age the parent and the student, above 16 years of age only the student)* | |
| **Name of declarant** *(in case of a minor, the name of the legal representative):* | **Name of the represented person:** |
| **Address of the declarant** *(in case of a minor, address of the legal representative):* | **The address of the represented person:** |

Before us, as witnesses:

|  |  |
| --- | --- |
| **Signature:** | **Signature:** |
| **Name:** | **Name:** |
| **Address:** | **Address:** |

Data processing information:

The consent is voluntary. We handle personal data confidentially and do not disclose it to third parties outside the circle authorized by the person giving consent to data management. Data processing fully complies with all obligations set forth in Act CXII of 2011 on Informational Self-Determination and Freedom of Information. The place of data processing is 97/C Hegedűs Gyula Street, Budapest 1133. The consent given for the processing of personal data for the above purpose may be withdrawn at any time in person or by mail at the place of data processing, or by a statement sent to [info@metamuveszetikozpont.com](mailto:info@metamuveszetikozpont.com). The processed data and their scope can be modified, and the removal of published pictures, in full or in part, can be requested. The data subject/legal representative can also request information on the processing of their data, which is available on our website: <https://www.metamuveszetikozpont.com/adatvedelem>.