META Mesterek és Tanítványok Elementary School of Art

97/C Hegedűs Gyula street, Budapest 1133

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ENROLLMENT FORM for group art education 2023/24

STUDENT'S	NAME:		
NATIONALI	ITY:		
PLACE AND	TIME OF BIRTH:		
ADDRESS:			
MOTHER'S	S NAME:		
OM IDENTIF	FICATION NUMBER		
(11-digit num	ber starting with 7 on the student		
ID card):			
NAME OF SO	CHOOL:		
CLASS (starti	ing from September):		
ADDRESS O	F SCHOOL:		
LEGAL REPI	RESENTATIVE:		
PHONE:			
E-MAIL:			
ACTING AN	ND PUPPETRY BRANCH:	able courses (please indicate by underlining!) acting, puppetry	
FINE AND APPLIED ARTS BRANCH:		painting, graphics, handicraft, photo-film	
DANCE ART BRANCH:		folk dance	
DECLARAT	ION (Please indicate by underl	ıg!)	
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 situ documents for verification.	ion, social need, I request exemption from the tuition fee. I will submit the necessary YES / NO	
	Location, date (YYYY-M	DD) Signature of legal representative	

DECLARATION OF CONSENT FOR DATA PROCESSING

represented by me, recorded on the data sheet attached Tanítványok Alapfokú Művészeti Iskola (META Masters and Budapest 1133; School ID: 200 211) - hereinafter referred (processing of my personal data / the personal data of the minor to this statement and made available to META Mesterek és d Disciples Elementary Art School, 97/C Hegedűs Gyula street, to as the data controller - and to be included in the database of School Foundation, 97/C Hegedűs Gyula street, Budapest 1133) them until the withdrawal of my consent.
	bligations undertaken by the data controller, to identify the data ta subject, and to provide information via electronic mail. We do uthorities if they have the appropriate authorization.
	any media created of my child during school or art classes, a their website or any other art-promoting platform.
I do not consent to receiving information about futur	e events via email.
Location and date:, 202	3(YYYY-MM-DD)
Signature of declarant (in case of a minor, signature parent, between 14-16 years of age the parent and the	
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. 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.