

Recipient Date

## APPLICATION FOR A NON-PAYING STUDENT PLACE AT KUULA INSTITUTE

The application must be returned with attachments to Kuula-opisto  
**Kuula-opisto, Laivakatu 16 (PL 3), 65101 Vaasa**

Student(s) Information		
Surname and First Name	Date of Birth	Main Subject (Name of Instrument/Dance)
Applicant's and Applicant's Spouse's Information		
Applicant's Name		Spouse's (person living in marital or cohabitation relationship) name:
Date of Birth		Date of Birth
Mobile Phone		Mobile Phone
Home Address		Email
Postal Code and City		
Email		
Other family members (name and date of birth):		
I certify that the information provided above is correct		
Vaasa ____/____.20____		_____
		Applicant's Signature