



# ENROLLMENT FORM

This Enrollment Form must be returned to school 14 days prior to any scheduled course(s).

Name

*Last*

*First*

*Middle*

Address

*Street*

*City*

*State*

*Zip Code*

Mailing Address

*Street*

*City*

*State*

*Zip Code*

Telephone

Fax

Email

In case of emergency

Contact Name

Phone Number

School Information (Please help us develop the best plan possible)

Please indicate the course(s) you plan to take

What do you hope to achieve upon completion of this course

Please list the culinary schools you have attended

Name of School

City/State/Country

Courses Taken

From

To

INTERNATIONAL SCHOOL OF BAKING

1971 N.W. Juniper Street ◊ Bend, Oregon 97703 ◊ U.S.A.

phone: 541-389-8553 ◊ fax: 541-389-3736 ◊ e-mail: marda@schoolofbaking.com

Please describe health circumstances that might restrict/inhibit a 100% participation

Emergency Contact

In case of emergency, please indicate contact person and telephone number:

\_\_\_\_\_ *Contact Name* \_\_\_\_\_ *Phone number*

Lodging

Would you like to school to make arrangements for your accomadations during your stay?      yes  no

*Arrival Date* \_\_\_\_\_ *Departure Date* \_\_\_\_\_

Acknowledgements

*Please inital where indicated, to acknowledge your understanding of the following requirements*

	Initials
No dress code, however you must have very comfortable shoes.	_____
All equipment and usual and customary ingredients are provided by the school.	_____
Due to a limited freezer space, students can no longer take home what they bake.	_____
You will be required to clean up your classroom(s) daily.	_____
Courses start at 9:00AM daily. Depending on the course (baking times) class(s) will end at 5:00pm or later.	_____
Students are required to bring his/her own lunch and snacks.	_____

I hereby declare that I have read and accept all the general conditions as defined by the International School of Baking.

\_\_\_\_\_ **Signature** \_\_\_\_\_ **Date**

\_\_\_\_\_ **Printed Name**

NOTE that course reservations are not considered confirmed until receipt of deposit check.  
*We'd like to recognise you when you come to our door. Please attach a photograph of yourself with your application.*