



Dante Alighieri Society of Western Australia Inc.

ABN: 71 902 671 056

Address: 3/239 (rear) Fitzgerald St, West Perth 6005

Tel: 08 9328 8840

Email: info@dantewa.com.au

Website: www.dantewa.com.au



ENROLMENT FORM - ITALIAN LANGUAGE CLASSES 2019

Term 3: 22nd July - 20th September

Enrolment Dates:	Tuesday 2nd	Thursday 4th	July	10am – 12pm
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Please print clearly

Title _____ Surname: _____ Given name: _____

Address: _____ Mobile: _____

Ph: _____

Suburb: _____ Postcode: _____ Email: _____

How did you hear about the Dante Alighieri Classes? _____

Please enrol me in the following class: (Please circle) Day: **Mon** **Tue** **Wed** **Thurs**

Time: _____ Level: _____ Teacher (if known): _____

Language Class Fee: \$180.00 per term (All levels) or \$300.00 for the two remaining terms with discount

Payment Options (please indicate your preference):

1. By Direct Transfer to the Dante Alighieri Society **BSB 036 004 A/C 100 791**
2. By Cash or Cheque in person at Dante office Tuesdays and Thursdays between 10.00am and 12.00pm,

Quote your full name on the banks' reference line & print a copy of your bank receipt. Please attach it to this form.

Please Note Refund Policy: A student is entitled to a full refund of fees where -

1. A course is cancelled or re-scheduled to a time unsuitable to the student.
2. A student is not given a place due to the class being full.
3. Certified Medical Reasons

In the event of a refund request for reasons other than the above, at the discretion of the Society, the student may incur \$48.00 administrative fees plus \$20.00 for each lesson attended.

Signed: _____ / _____ / _____
Student Date Enrolling Officer (Print name)

Office Use Only:		
Cheque or Cash date: _____ / _____ / _____	Fees Rcvd: \$ _____	Receipt #: _____
DT Deposit Bank Receipt: _____	Date processed: _____ / _____ / _____	