



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 - CHILDREN CLASS 2019 - Term 3

Saturday 27th July - Saturday 21st September

Please print clearly

Student's Surname: _____ Given name: _____ Age: _____

Address: _____

Mobile: _____

Suburb: _____ Postcode _____

Email: _____

Parent/guardian: _____ Emergency contact: _____

Please list any special need or allergies of student _____

Please enrol my child in the following class: **SATURDAY 12.30pm**

Class fee per student: \$60 per term

Payment options (please circle your preference):

1. Cash or Cheque in person at Dante Office Tuesdays and Thursdays between 10.00am and 12.00pm
2. By direct transfer to the *Dante Alighieri Society* **BSB 036 004 Acc 100 791**
- Please quote student's full name as reference -

Proof of electronic transfer payment must be attached to your enrolment form or emailed

Conditions: course fees **to be paid in full before** commencement of the first class.

Signed: _____

Date: ____/____/____

Office Use Only:

Cheque or Cash date: ____/____/____ Fees Rcvd: \$_____ Receipt #: _____

DT Deposit Bank Receipt: _____ Date processed: ____/____/____