



Dante Alighieri Society of Western Australia Inc.

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ENROLMENT FORM - ITALIAN LANGUAGE CLASSES 2019

Term 4: 14th October - 14th December

Enrolment Dates October	10am - 12pm	Mon 7th	Tue 8th	Wed 9th	Thu 10th
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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)

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 *If you would like a receipt please tick*

Office Use Only:	CHEQUE	CASH	DT DEPOSIT
Date: ____/____/____	Paid: \$ _____	Receipt #: _____	
Processed by: _____	Date: ____/____/____		