DANTE ALIGHIERI SOCIETY
Western Australia
INCORPORATED

ADDRESS:
105 Banksia Street, Tuart Hill WA 6060
A Block - Room A120
*within the grounds of Tuart College*
*enter from the carpark via Hodgson Street*

ABN: 71 902 671 056
EMAIL: info@dantewa.com.au
WEB: www.dantewa.com.au
TELEPHONE: 08 9328 8840

# ENROLMENT FORM

## ADA Courses

| Please circle A1 – A2 – B1 – B2 – C1 – C2 |
|---|

**Term One: 1st February – 3rd April - Term two: 26th April – 26th June**
**Term Three: 19th July – 18th September - Term four: 11th October – 11th December**

**Please print clearly**

**Title** _____ **Given Name** _____ **Surname:**_____

**Address:** _____ **Mobile:**_____

_____ **Ph:** _____

**Suburb:** _____ **Postcode:** _____ **Email:**_____

Classes are given on Wednesday for a duration of 3 hour each.

**Course Fees: $450 p**er Term (9weeks) . The cost for the prescribed Text book is not included

**Please circle your payment option:**

1. By **EFTPOS** in person at Dante office Tuesdays and Thursdays between 10.00am and 12.00pm

2. By **Direct Transfer** *(**NEW** bank details)* to the Dante Alighieri Society **BSB 633 000 - Acc 169 009 701**
   **Please quote student's full name as reference & attach or email a copy of payment receipt**

**Please Note Refund Policy: *A student may ask for a refund of fees where:***

1. The 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 $100.00 administrative fees plus payment of $30.00 for each lesson attended.

Signed: _____ _____ ***If you would like a receipt please tick*** ☐

Student Date

Office Use Only: EFTPOS DT DEPOSIT

Payment Date: _____/_____/_____ Paid: $_____ Receipt #:_____

Processed by: _____ Date: _____ / _____ / _____

Dante Jan 2020