The Little Italian School

Enrolment Form

NB Please type over this form & email back – No payment required until class is confirmed & you are notified via email

|  |  |
| --- | --- |
| Level/Course |  |
| First Name  |  |
| Surname  |  |
| DOB and Age |  |
| Address & Postcode |  |
| Reason for interest in learning ItalianNB – if it is for personal interest fees will incur a +10% GST tax.No GST for employment reasons |  |
| Prior Italian knowledge? (Have you done Italian before? If so what type of grammar have you covered?) |  |
| Email Address |  |
| Telephone Number |  |
| Next of Kin Name & number(In Case of Emergency) |  |
| Where did you hear about us? |  |

-Classes are a 1 hour duration.

-Fees should be paid 4 weeks before the commencement of the course to secure your place.

-Bank transfers can be made to the following bank account:

-COST $210.00 per 9 week school term.

Account Name – The Lit Italian (description –surname)

BSB- 086 420

Account Number: 18 088 0737

OFFICE USE

|  |  |
| --- | --- |
| Emailed |  |
| Teacher |  |
| Class |  |
| Fees |  |