



Dante Alighieri Society of Western Australia Inc

219 Rear, Italian Club, Fitzgerald St, Perth WA 6000 - ABN: 71 902 671 056

Post to: PO Box 588, NORTH PERTH WA 6906

Tel: (08) 9328 8840 - Fax: (08) 9328 8841

Email: info@dantewa.com - www.dantewa.com



ENROLMENT FORM - ITALIAN CLASSES 2009

Title _____ Family Name _____ Given Names _____

Address: _____ Tel.: _____

Mobile: _____

Suburb: _____ Postcode: _____ Fax: _____

E mail address: _____

Please enrol me in the following class:

Beginners only: TERM 1 2 3 4 DAY Mon Tue Wed Thu Fri TIME _____

Intermediate/Advanced: SEMESTER 1 2 DAY Mon Tue Wed Thu Fri TIME _____

Venue(s) preferred: _____

Class Fees: \$150.00 per term (Beginners only).
\$300.00 per semester (All other courses).

Payment Options (please indicate your preference):

- By cheque payable to: "Dante Alighieri Society of WA" and mailed to our postal address.
- By direct payment to the Dante Alighieri Society bank account: BSB 036 004 - Account 100791
Please provide deposit details with your completed form.
- Cash on enrolment night or before commencement of the first lesson.

To confirm this enrolment please sign to accept the terms and conditions of enrolment:

Conditions: Course fees to be paid in full on or before commencement of the first class.
No admission to second week unless payment has been received.

I understand that my enrolment is subject to the conditions printed above and have read and understood the Refund Policy below.

Signed: _____
Student Enrolling person Date

Refund Policy:!

A student is entitled to a full refund of fees where:

- A course is cancelled or re-scheduled to a time or location unsuitable to the student.
- A student is not given a place due to the class being full.
- A student withdraws prior to course commencement due to serious medical reasons (Medical certificate required).

NOTE: A student will incur a \$45.00 administrative fee per term plus \$11.00 for each lesson attended.
There are **NO** other grounds for refund.

Office Use Only

Payment Received: \$ _____ Cheque No. _____ Cash Bank deposit _____

Receipt Issued: _____ Processed by: _____ Date: _____ Course No. _____