

STUDENT ENROLMENT FORM (ADULTS)

PERSONAL DETAILS

Surname:		
First Given Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: / /
Telephone (H)	(W)	(M)
Email:		
Postal Address:		
Suburb:	State:	Postcode:

MEDICAL DETAILS

Do you have any medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify and notify the teacher)
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EMERGENCY CONTACTS

	Full Name	Relationship to Student	Home Tel.	Mobile
1				
2				

COURSE DETAILS (Please tick)

YEARLY COURSES (30 WEEKS)	SHORT COURSES (10 WEEKS)
	Please tick Term & Course <input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4
<input type="checkbox"/> Beginners Course for Adults <input type="checkbox"/> Intermediate Course for Adults <input type="checkbox"/> Advanced Course for Adults <input type="checkbox"/> Beginners/Continuers Course for Adults (Gawler)	<input type="checkbox"/> Italian for Travellers <input type="checkbox"/> Basic Italian Grammar <input type="checkbox"/> Conversation Sessions <input type="checkbox"/> Basic Italian for Health Care Workers <input type="checkbox"/> A Short History of Italy <input type="checkbox"/> Basic Computer Operations

Signature of Applicant _____ **Date** ____/____/____

OFFICE USE ONLY

Date Course Fees Paid	Payment Method
/ /	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order