

# ITALIAN SCHOOL COMMITTEE INC

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## ENROLMENT FORM

### CHILDREN'S ITALIAN CLASSES 2008 - WEDNESDAY (Classes commence 6<sup>th</sup> February 2008)

STUDENT NAME: .....

STUDENT AGE: ..... YEAR LEVEL .....

PARENT/CARER NAME: .....

ADDRESS: .....

.....

PHONE No: H) ..... W) .....

Email: .....

*WEDNESDAY AFTERNOON: 4.00 pm – 5.00 pm*  
Afternoon tea supplied 3.45 pm – 4.00 pm)

**FEES: \$85 payable per term** (fee includes activity book for new students)

TERM 1                       TERM 2                       TERM 3                       TERM 4

PAID \$.....                      \$.....                      \$.....                      \$.....

DATE: .....                      DATE: .....                      DATE: .....                      DATE: .....

RECEIPT: .....                      RECEIPT: .....                      RECEIPT: .....                      RECEIPT: .....

**NOTE:** Classes are in line with state school holidays

Semester I                      **Term 1:** 29<sup>th</sup> Jan – 4<sup>th</sup> April  
   **Term 2:** 14<sup>th</sup> April – 27<sup>th</sup> June

Semester 2                      **Term 3:** 14<sup>th</sup> July – 19<sup>th</sup> September  
   **Term 4:** 6<sup>th</sup> October – 12<sup>th</sup> December

**NO CLASSES ON PUBLIC HOLIDAYS**

CASH / CHEQUE / BANK CARD / VISA CARD / MASTER CARD / EFTPOS

**PLEASE NOTE: WE DO NOT GIVE REFUNDS ONCE COURSE HAS COMMENCED.**

DATE: ..... SIGNATURE: .....

Please indicate any food allergies, diet requirements, or illness relevant.

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Emergency Contact:-

Name 1 \_\_\_\_\_ Ph: \_\_\_\_\_

Name 1 \_\_\_\_\_ Ph: \_\_\_\_\_

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I hereby give permission for my child/children \_\_\_\_\_  
\_\_\_\_\_ to be photographed for the  
committee newsletter, web page & displays.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent / Caregiver: \_\_\_\_\_