

Centre for Hellenic Studies, WA

Adult Evening Classes



*Hellenic Community
of WA Inc.*

Application for Enrolment Form

Date:

PERSONAL INFORMATION

Preferred Title _____ Surname _____

Given Name _____ Religion _____

Language _____ Country of Birth _____

Are you a member of the Hellenic Community of W.A .? (please tick) YES..... NO.....

Residential Address _____

Telephone (home) _____ Telephone (work) _____

Mobile _____ Email _____

Please tick the following if you **do not wish** the Centre for Hellenic Studies, WA to contact you via your email address for purposes of newsletters and general notes etc []

What are the most important expectations you have when you decide to enrol to a Greek Adult Class?

Student's Signature

..... Date.....