

**MACEDONIAN COMMUNITY OF WESTERN AUSTRALIA (INC.)  
 MACEDONIAN COMMUNITY LANGUAGE SCHOOL  
 CHILD STUDENT ENROLMENT FORM 2024  
 (Classes start: Term One, Week 1, 31 January 2024 – 3 February 2024)**

**Student Details:**

Family Name: \_\_\_\_\_ Given Name/s: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

**Address:**

Mobile/Telephone Number: \_\_\_\_\_  
 email address: \_\_\_\_\_

**Details of Parent/Carer for non-adult Students**

Family Name: \_\_\_\_\_ Given Name/s: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ email address: \_\_\_\_\_

<b>Age Group</b>	<b>Day</b>	<b>Class Time</b>
School Age (K to 12)	Tuesday	5.00pm to 6.30pm

<b>Location/Venue</b>	Classroom is on the ground floor at the southern end near the big car park.
Macedonian Community Centre 51 Albert Street, North Perth (cnr Macedonia Place)	

**Classes will not be held during the school term holidays or on public holidays that fall on the scheduled day for lessons.**

**Tuition Fees**

School-age students attending K - 12 **\$150.00 p.a.** (incl. textbook and other resources)

**Emergency Contact Details**

	Name	Relationship	Telephone Contact (Mob)
1			
2			

**Medical Details** (If the student is a minor this section must be completed by Parent/Guardian)

Does the student suffer from a medical condition or allergies? Yes  No

If Yes, please specify:

**Permission to Publish Images of Students.** (If student is of minor age to be completed by Parent/Guardian)

The Macedonian Community of Western Australia (Inc.) would like to use photographs and digital images of the student mentioned in this enrolment form to promote the work of their Community Language School. These may be used in print media and electronic publications or digital platforms including the Community's website and facebook page.

Please indicate your choice.

I consent  I do not consent

Submitting Your Enrolment Form. Please select one of the alternatives below.

**1. By Post** Please post completed Enrolment Form and cheque made payable to Macedonian Community of WA (Inc.) at, PO Box 12, North Perth, 6906 and marked to the attention of Macedonian Community Language School. Cheques should be crossed and marked *Not Negotiable*.

**2. Electronically** (To use this option you must pay by EFT and provide a copy of the transfer) Please complete the Enrolment Form and email a copy to [language@macedoniawa.com.au](mailto:language@macedoniawa.com.au), and, transfer the appropriate tuition fee to; (Please note: The correct tuition fee must accompany the enrolment.)

Account Name: Macedonian Community of Western Australia Inc.  
 Bank: Bendigo Bank  
 BSB: 633-000  
 Account Number: 154460760  
 Reference: MCLS, followed by the Student's Full Name. eg MCLS LAZAROV Vick

**Signature of Student or Parent/Guardian if the student is a minor.**

Signature: \_\_\_\_\_ Name: (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_