



Goethe Society WA Inc.
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Student Enrolment Form

Level: _____ Year: 20_____ Semester 1 or 2

Personal Details	
Full Name:	
Address:	
Telephone:	Mobile:
Email:	
Occupation:	
How did you find out about us?	

Knowledge of German (please circle).			
None	A little	Good	Very good
Please state your reason for learning German:			

<p>Fees: Fees must be paid by the end of the second week after course commencement, otherwise the student loses the right to participate.</p> <p>Refund Policy: No refund will be given for missing classes or for withdrawal.</p> <p>Declaration and Waiver: I, the signer, agree that the Goethe Society or any of their teachers will not be liable for any injury, loss or damage to property that I might sustain from any cause whatsoever upon enrolment and participation during German classes.</p>

Date:
Student's signature:

<p>Payment methods: By cheque, cash or</p> <p>Direct deposit: Account name: Goethe Society of WA / BSB 036-027 / Account no: 13-0096</p> <p>When paying by direct deposit, please provide your last name and initial of your first name as the reference. Please send the completed enrolment form to goethesocietywa@yahoo.com, if downloaded from the website.</p>
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Official use only:
Fee for semester: \$ _____ Paid: \$ _____ Receipt no: _____ Outstanding: \$ _____
Teacher's signature: _____ Date: _____