

YEAR
2012

**DEPARTMENT OF EDUCATION & TRAINING
COMMUNITY LANGUAGES SCHOOL PROGRAM**



NAME OF SCHOOL: The Thai Language School of Melbourne Inc.

School address: Westall Secondary College, 88 Rosebank Avenue
Clayton South, 3169, Victoria, Australia

Postal address: P.O. Box 925, Lilydale, Vic, 3140

Phone: 9735 4143 Mobile 0401 249 498

Email: pasathaimelb@iprimus.com.au

ETHNIC SCHOOL ENROLMENT FORM FOR ADULT PROGRAM

Thai Course in CBD

Name of Course.....

Student's personal details

Given Name:(Mr./Mrs./Ms).....

Surname:.....

Address:

Mobile.....

Email:.....

Occupation:.....

Emergency contact person

Full name:Contact Number:.....

I would like to learn Thai language because

.....

Signature.....Date/Month/Year.....

I enclose Cash Cheque Money order \$.....for enrolment for this course.

Please mail application form to: **Enrolment Officer, The Thai Language School of Melbourne Incorporated
P.O. Box 925, Lilydale, Victoria 3140**

I transferred money to the school account on.....date/month to

Westpac Bank BSB and Acc. No. 033-385 27-1549

Refund: 100% of fee if you inform by call or email to cancel at least one weeks before the class commence or if class is cancel.