



Greek Orthodox Community of Wellington (Inc.)

ADULT CLASSES ENROLMENT FORM

NAME OF STUDENT

FEMALE

MALE

ADDRESS

.....

E-MAIL ADDRESS

PHONE HOME: WORK:

MOBILE: EMERGENCY:

AGE DATE OF BIRTH PLACE OF BIRTH

DO YOU HAVE HEALTH PROBLEMS THAT YOU THINK WE SHOULD KNOW ABOUT?

IF SO, PLEASE DETAIL

PAYMENT IS REQUIRED UPON ENROLMENT. PLEASE BRING THIS FORM ALONG WITH YOU ON ENROLMENT DAY OR SEND VIA EMAIL TO : school@greek.org.nz

A SHORT QUESTIONNAIRE:

DO YOU SPEAK GREEK?

IF SO, WHO DO YOU SPEAK GREEK TO?

DO YOU RESPOND EASILY IN GREEK?

HOW MANY TIMES HAVE YOU VISITED GREECE?

HOW LONG WAS YOUR STAY?

WERE YOU AN ADULT?

WHY DO YOU WANT TO LEARN GREEK?

FOR OFFICE USE ONLY

Receipt No:

Date Paid:

Amount Paid:

Class Enrolled in Last Year

Class Enrolled in This Year
