



Alliance Française de Nelson French Classes for children 2009

Please fill the following document and return it signed to: Grant McAlpine, PO Box 3025, Richmond 7050 or email to Caroline Pizanti: cpizanti@yahoo.com.au

⊗ First Name and Surname of the parents (or guardian): _____

⊗ 1 - Name of the child: _____ Age: _____

Gender: _____ School: _____

2 - (If applicable) Name of the child: _____ Age: _____

Gender: _____ School: _____

3 - (If applicable) Name of the child: _____ Age: _____

Gender: _____ School: _____

⊗ Street address: _____

⊗ Postal address (if different from previous): _____

⊗ Email: _____

⊗ Phone (cell phone if available): _____

I have read, understood and agreed to all of the conditions and the refund policy regarding the French lessons and tuition fees as set out in this agreement.

Signed _____
Parent or guardian

Date: _____