

**EXPRESSION OF INTEREST - MACEDONIAN COMMUNITY LANGUAGE SCHOOL**

<b>Student Details</b>			
Family name:	Given name:	Date of Birth _/_/____ <i>Please provide names of additional students if applicable</i>	Gender Male or Female (circle)
	Given name:	_/_/____	
	Given name:	_/_/____	
	Given name:	_/_/____	
Address:			
Suburb:			
Postcode:			
Telephone Number:			
Email Address:			
Day School attended by Student (if applicable)			
Year Level in Day School:			
<b>Parent/Guardian Details</b> (if applicable)			
Family name:		Given name:	
Relationship to student:			
Telephone Number:			
<b>Enrolment Information</b>			
<input type="checkbox"/>	Re-enrolling for 2013 (if you were a student with the Macedonian Community Language School in 2012). Class enrolled in 2012:		
<input type="checkbox"/>	Junior (Age Group 5 to 10)		
<input type="checkbox"/>	Middle (Age Group 11 to 16)		
<input type="checkbox"/>	Senior (Age Group 17 to Adult)		
<input type="checkbox"/>	New Enrolment for 2013 (if you have never been a student of the Macedonian Community Language School)		
<b>Enrolment Information</b>			
<input type="checkbox"/>	Re-enrol for 2013 (if you were a student with the Macedonian Community Language School in 2012)		
<input type="checkbox"/>	New Enrolment for 2013 (if you have never been a student of the Macedonian Community Language School)		
<b>Class Time Preference</b> (Please tick ✓ one or more boxes as appropriate. It is anticipated that classes will run for 1.5 hours.)			
<input type="checkbox"/>	Week Day (Mon-Fri Evening). Please specify day of the week/s:		
<input type="checkbox"/>	Saturday Morning	<input type="checkbox"/>	Saturday Afternoon
<b>Knowledge of Macedonian Language</b>			
<input type="checkbox"/>	Able to read and write Macedonian		
<input type="checkbox"/>	Speaks Macedonian at home		
<input type="checkbox"/>	Some understanding of the Macedonian language and/or culture		
<input type="checkbox"/>	Not of Macedonian background		
<input type="checkbox"/>	Other, please specify		
<b>Submitting your Expression of Interest</b>			
Please complete the above form and email to <a href="mailto:language@macedoniawa.com.au">language@macedoniawa.com.au</a> . Alternatively, the completed form may be posted to <b>Macedonian Community of WA (Inc.), PO Box 12, North Perth WA 6906</b> marked to the attention of <i>Director, Macedonian Community Language School</i> . Completed forms must be received by Friday, 7 December 2012.			
All information received by the Macedonian Community of WA Inc shall be treated as Private and Confidential.			
<b>For Further Related Information</b>			
For further information or enquiries please contact the Macedonian Community of WA Inc on 9328 7852.			