



# The Macedonian Community of WA



## EXPRESSION OF INTEREST - MACEDONIAN LANGUAGE SCHOOL

Student Details			
Family name:	Given name:	Date of Birth _/_/____	Sex: (Male or Female)
	<i>Please provide names of additional students if applicable</i>		
	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:			
Parent/Guardian Details (if applicable)			
Family name:		Given name:	
Relationship to student:			
Telephone Number:			
Class Time Preference (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:			
		<input type="checkbox"/> Saturday	
Morning <input type="checkbox"/>		Saturday Afternoon <input type="checkbox"/>	
Knowledge of Macedonian Language			
<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			
Submitting your Expression of Interest			
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 Macedonian Community of WA (Inc.), PO Box 12, North Perth WA 6906 marked to the attention of <i>Co-ordinator, Macedonian Language School</i> . Completed forms must be received by Friday, 24 February 2012.			
All information received by the Macedonian Community of WA Inc shall be treated as Private and Confidential.			
For Further Related Information			
For further information or enquiries please contact the Macedonian Community of WA Inc on 9328 7852.			