



Alice Springs Language Centre

Learning Languages | Connecting Cultures

Centralian Middle School Campus
56 Milner Road, Alice Springs

PO Box 9045
Alice Springs NT 0871

08 8955 2366
www.alicespringslanguagecentre.com

ADULT LANGUAGE CLASSES ENROLMENT FORM

A range of language courses are offered at the Alice Springs Language Centre. Courses are 8 weeks in length with sessions ranging from 1.5—2 hours long. All courses are held on the premises at Alice Springs Language Centre (Centralian Middle School Campus).

All courses are subject to minimum enrolments and may be cancelled at short notice if insufficient numbers are received. Enrolments close two days prior to the course start date. If we cancel your course you will be notified and offered your choice of credit for another course, or a full refund by bank transfer. Cash refunds will not be given. No refunds will be given to withdrawing students once the course has commenced

PERSONAL DETAILS

First Name: _____ Surname: _____

Email: _____

Phone: _____

Address: _____

TERM 1 COURSES

| | Language | Class Code | Dates | Time | Cost |
|--------------------------|---------------------|------------|----------------------------|------------------|--------|
| <input type="checkbox"/> | Arrernte Beginners | ARR1 | 11th February to 1st April | 5:30pm - 7:00 pm | \$170* |
| <input type="checkbox"/> | Spanish Beginners | SPA1 | 11th February to 1st April | 5:30pm - 7:30 pm | \$190 |
| <input type="checkbox"/> | Arrernte Continuers | ARR2 | 12th February to 2nd April | 5:30pm - 7:00 pm | \$145 |

**Includes Central Eastern Arrernte Picture Dictionary*

PAYMENT DETAILS

Full payment of fees are required prior to the commencement of the course. Organisations can be issued with an invoice upon provision of a purchase order.

Cash/Eftpos: Visit our office between 8am - 3pm

Credit Card: Please phone 8955 2366

EFT: Centralian Middle School **BSB:** 065900 **Acc:** 10513523 Reference: Surname/Class Code

I would like to receive ASLC newsletters

Signature: _____

Date: ____ / ____ / ____

OFFICE USE ONLY

| DATE | PAID | RECEIPT | PAYMENT TYPE | TERM | PROCESSED BY |
|------|------|---------|--------------|------|--------------|
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