



ENGLISH CONVERSATION CLASS

Phone:

REGISTRATION FORM

Date Joined: _____

Location attended, Day & Time: _____

Male/Female/Other (please circle)

Previously attended classes: YES / NO

STUDENT'S PERSONAL DETAILS

Family Name: _____

Given Name: _____

Preferred Name: _____

Address (Street): _____

Suburb: _____ Postcode: _____

Phone Number: _____

Email address: _____

Age: _____

Country of Birth: _____

Number of Years in Australia: _____

Visa Status: Refugee ☐ Asylum Seeker ☐ Migrant ☐

Education Level (tick box): Primary ☐ High ☐ TAFE ☐ University ☐

Language Spoken at Home: _____

Emergency Contact
(family member or friend): _____

Dietary Requirements: _____

Office Use Only

Received by: _____

(Tutor's name – block letters)

(Date)

PLEASE ENSURE THE INFORMATION BOX AT
TOP OF FORM IS COMPLETE.