

	STUDENT REGISTRATION FORM PRIVATE TUITION [Please complete the form in block letters]			
	Title:		Surname:	
	First name(s):		Work Address:	
	Home Address:		Profession:	
	Company name:		Date of Birth (d/m/y):	
	Nationality:		Tel (h):	
	Tel (w):		Cell:	
	e-mail:		Where did you hear about the Istituto Italiano di Cultura?	
	<input type="checkbox"/> teacher		<input type="checkbox"/> internet	
	<input type="checkbox"/> employer		<input type="checkbox"/> friend	
	<input type="checkbox"/> ex- student		<input type="checkbox"/> embassy	
	<input type="checkbox"/> cultural events		<input type="checkbox"/> flyer	
	<input type="checkbox"/> school		<input type="checkbox"/> university	
	<input type="checkbox"/> Italian club		<input type="checkbox"/> other	
	Would you like to receive information on cultural events organised by the IIC ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you decide to learn Italian?		<input type="checkbox"/> business <input type="checkbox"/> pleasure		
<input type="checkbox"/> studies <input type="checkbox"/> of Italian origin		<input type="checkbox"/> other (specify):		
PLEASE COMPLETE THE FOLLOWING				
Are you a first-time student at the IIC ?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Course: <input type="checkbox"/> 15 hrs		<input type="checkbox"/> 15hrs renewable		
How long would you like the lesson to be: <input type="checkbox"/> 1hr <input type="checkbox"/> 1h30 <input type="checkbox"/> 2h00				
How many times a week would you like to attend: <input type="checkbox"/> once a week <input type="checkbox"/> twice a week				
Roster	Which days would suit you?			
	Monday			
	Tuesday			
	<input type="checkbox"/> Morning: from to			
	<input type="checkbox"/> Afternoon: from to			
Thursday				



FOR OFFICE USE ONLY

Tariff details	Tuition		
	TOTAL:		
Date & Receipt No.			
Received by:			

TERMS & CONDITIONS

1. Fees are to be paid at the time of registration.
2. Payment can be made by bank transfer.
3. Proof of payment must be submitted to the IIC administration office **one week before the start of the course.**
4. Once payment has been made, please note that the Institute will grant NO REFUND for partial, discontinued, interrupted or non-attendance of a course.
5. The Istituto Italiano di Cultura reserves the right to reject applications from students that have a bad record.
6. The Istituto Italiano di Cultura reserves the right to amend the prices for courses offered should there be a need or should there be an insufficient number of students registered for the course.

I the undersigned have read and understood the terms and conditions governing membership of the Istituto Italiano di Cultura and hereby accept the terms and conditions as set out above.

Signature:

Place:

Date:

Stamp of the IIC:



BANKING DETAILS

ISTITUTO ITALIANO DI CULTURA

Bank: **Standard Bank**

Branch: **Hatfield**

Branch Code: **011545**

Account Number: 011 234 407

Please use your name and surname as beneficiary reference.

NOTICE

Once payment has been effected, please e-mail proof of payment to:

iicpretoria.amministrazione@esteri.it

Only once proof of payment has been received will your course registration be validated.

Istituto Italiano di Cultura – Pretoria

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tel: +27 12 342 0010

e-mail: iicpretoria@esteri.it – web: www.iicpretoria.esteri.it