

Registration Form

1. Select your class *(please tick one)*

Non-native French speakers – Kindy to Y3
 Non-native French speakers – Y4 to Y6
 Native French speakers – Kindy to Y2
 Native French speakers – Y3 to Y6

TIMETABLE

CLASSES	Days and Times	Timetable
Non-native French speakers Kindy to Y3	Once a week Tuesday (3.15pm->4.30pm)	TERM 1: 16/2 ~12/4 (9 weeks)
Non-native French speakers Y4 to Y6	Once a week Monday (3.30pm->4.45pm)	TERM 1: 15/2 ~11/4 (9 weeks)
Native French speakers Kindy to Y2	Twice a week Tuesday (4.45pm->5.45pm) Thursday (3.40pm->4.40pm)	TERM 1: 16/2 ~14/4 (9 weeks)
Native French speakers Y3 to Y6	Once a week (*) Thursday (4.45pm->6.15pm)	TERM 1: 18/2 ~14/4 (9 weeks)

(*) for Native French speakers (Y3 to Y6), a second session may commence in TERM 2

2. Student details

First name: Last name: Gender: Male Female
 Date of Birth: / / Country:
 Is the student: an Australian Citizen A permanent resident A temporary resident
 School Name 2016: Taren Point Public School Other : School Year 2016 :

3. Parent or Guardian details

Parent 1 – First name: Last name: Gender: Male Female
 Address: Post Code: Suburb:
 Relation to Student *(eg mother/father/other)*:
 E-Mail: Phone Number: Mobile:

Parent 2 – First name: Last name: Gender: Male Female
 Address: Post Code: Suburb:
 Relation to Student *(eg mother/father/other)*:
 E-Mail: Phone Number: Mobile:

4. Collectors *(persons authorized to Pick up the student – Other than parents)*

First/Last Name : Relation to student: Phone/Mobile:

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First/Last Name : Relation to student: Phone/Mobile:

5. Student details – additional information

Does your child have an allergy? *This can include allergies to insect stings, drugs, latex, food (eg.Nuts, eggs, peanuts) or other.*

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Is there other medical information we should be aware of?

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Emergency Contact Phone: Alternate Contact Phone:

I hereby give my permission for the staff to seek medical attention for my child in the event of an accident and in the case of an emergency, I give my authority to call an ambulance for my child.
I understand that relevant information from this form will be passed on to hospital and medical staff if required.

6. Payment terms

Payment: per TERM *(4 payments during the year)*
(tick one) per YEAR *(a discount of 4% applies for a payment per year)*

CODE CLASS	CLASSES	Frequency	Pricing / TERM	Pricing per YEAR
PA	Non-native French speakers – Kindy to Y3	Once a week (1h ¼)	\$270 (9 weeks)	\$ 1030 (*)
MA	Non-native French speakers – Y4 to Y6	Once a week (1h ¼)	\$270 (9 weeks)	\$ 1030 (*)
PF	Native French speakers – Kindy to Y2	Twice a week (2h)	\$390 (9 weeks)	\$ 1500 (*)
MF	Native French speakers – Y3 to Y6	Once a week (1h ½)	\$330 (9 weeks)	\$ 1270 (*)

Terms and Conditions

- (*) The pricing per year includes a 4% discount.
- Fees include FASS membership.
- Please see the French teacher for a sibling discount.
- First TERM:** all fees are payable before the first session.
- Following TERMS: payment is required by end of week 2 after the beginning of the lessons. Where fees are not paid by the given date, we reserve the right to charge a late fee of \$25

Please pay by Direct Debit to : and email enrolment form to Laurence or bring to first class.
Francophone Association of Southern Sydney Inc.
BSB: 032151 – Account Number : 284588

Please identify your deposit by including your child’s last name and **code class** (eg. “LAST-NAME – PA”)

- I have read and understood and agreed to the information contained herein.
- I consent that my email address will be used by FASS to keep me updated of any event or information organised by the association. FASS in no circumstances will pass email addresses to a third party.

Signature : _____

Print Name : Date : / /

Contacts

Laurence Maisonhaute (French teacher)
Mobile: 0481 564 571
Email: ldmaisonhaute@gmail.com

FASS
Email: fass@y7mail.com
Website: www.fass.org.au