



POLISH ETHNIC SCHOOL INC.
ENROLMENT FORM – Adult Courses

Student's Details

Student's First Name

Student's Surname

Student's Age (optional)

Contact Information

Address

Phone Number

Email Address

Polish language proficiency (please specify below)

Speech:	None	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>
Understanding:	None	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>
Reading:	None	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>
Writing:	None	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>

Additional information

How did you hear about us?

Google News Article Flyer Facebook Friends

Other (please specify)

Signature Date