



# Italian Academy Language School – IALS

## Adult Classes

### Registration Form (Please complete and sign):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

How did you hear about us? (Please circle all that apply):

Radio advertisement

Paper advertisement

Friend or Family

Have you taken a class with us in the past? If yes...

When: \_\_\_\_\_ Which Course: \_\_\_\_\_

Teacher: \_\_\_\_\_

Which class are you registering for? (Please circle one):

Beginner I

Beginner II

Intermediate II

Advanced

Have you already confirmed placement with the Italian Academy by speaker to the director?

Yes \_\_\_\_\_ No \_\_\_\_\_

Date and Time of Class:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Tuition: \$135

Please send check or money to : Italian Academy

Att: Michel Scibetta-Nicolo

6 Garden Ct

S.I. NY 10304

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***POLICY: Tuition is fully refundable until the first day of class. No refunds thereafter.***