



Adnyamathanha Ngawarla Yarramalka
Aboriginal language and culture
Enrolment form

Family Name

Details of all members of this family to be enrolled

| Name | Date of Birth | Relationship (parent/son/daughter etc) |
|-------------|----------------------|---|
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Home Address

Phone

Fax

Mobile

Daytime Contact

As the enrolling parent of the above family members I agree to pay \$5 per class upon arrival each week. I understand that fees are used to pay our teacher for his or her time and effort. I will bring a plate of food to class for all to share each week and will be responsible for any children above named.

Signed

Date

**Please post enrolment form to:
Eva Sallis and Gillian Bovero, Coordinators
Adnyamathanha Ngawarla Yarramalka
AAR Inc
PO Box 107
Enfield Plaza SA 5085**