

THE HELLENIC CENTRE

GREEK LANGUAGE COURSES ENROLMENT FORM STUDENT NUMBER:

16-18 Paddington Street Marylebone, London W1U 5AS

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Surname	First Name		Mr/Mrs/Miss/Ms
Address		Telephone	•
		Email	
Occupation		Age Group ☐ 18-25 ☐ 26-	-35
Nationality		□ 46-55 □ 56	and over
Have you studied at the Hellenic Centre before? \Box YE	s 🗆 NO	Have you studied Greek before?	☐ YES ☐ NO
How did you hear of the Hellenic Centre Courses?	☐ Internet	☐ Hellenic Centre Website	☐ Word of Mouth
Course(s) ☐ Class (Please indicate level) ☐ Priv	vate tuition	Term ☐ Autumn ☐ Winter & Summe	nter 🗌 Summer
Day(s) ☐ Monday ☐ Tuesday	☐ Wednesday	Time(s)	
☐ Thursday ☐ Friday		Academic Year	
Payment Method Fee of £ paid by Ca	rd 🗌 Cash 🔲 Ch	neque or postal order payable to <u>The</u>	Hellenic Centre BACS
Concessions	☐ Full-time Stude	ent	esCard Holder
proof of identity required)			
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