Italo-Australian Welfare & Cultural Centre Inc
209 Fitzgerald Street, Perth, WA, 6000; T: 61 8 9228 2220 F: 61 8 9228 2221

SCHOOL REQUEST TO PARTICIPATE IN THE IAWCC ITALIAN LANGUAGE MAINSTREAM SCHOOL PROGRAM

EXPRESSION OF INTEREST FORM

Date: _____

School Principal Name:
_____

School Name: _____

School Address: _____P/C: _____

Telephone (B):_____ (M):_____

E-mail:_____

Year Levels: Primary K ☐ PP ☐ Yr 1 ☐ Yr 2 ☐ Yr 3 ☐ Yr 4 ☐ Yr 5 ☐ Yr 6 ☐

Commencement Year / Semester / Term: _____

_____

Please email this Expression of Interest to the IAWCC (E: info@iawcc.org.au)

We are committed to keeping your personal information and will only use this information for the purposes for which you have provided it, or for the purposes related to one of our functions or activities.

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