



STUDENT INFORMATION

FIRST AND LAST NAME: (STUDENT 1)

FIRST AND LAST NAME: (STUDENT 2)

MAILING ADDRESS: _____ CITY: _____

ZIP CODE: _____

PLEASE DESCRIBE A LEVEL OF KNOWLEDGE OF BOSNIAN LANGUAGE (STUDENT I)

PLEASE DESCRIBE A LEVEL OF KNOWLEDGE OF BOSNIAN LANGUAGE (STUDENT II)

WHAT DO YOU WISH TO ACCOMPLISH UPON COMPLETION OF THE CLASS?

PRICE FOR BOSNIAN SCHOOL:

New England Friends of Bosnia and Herzegovina
BOSNIAN LANGUAGE SCHOOL
2400 Massachusetts Avenue
Cambridge, MA 02140



Application for Bosnian Language School

SEMESTER II - MEMBERS - \$260; NON - MEMBERS - \$312.

SEMESTER II BEGINS ON SUNDAY, FEBRUARY 10th, 2019 FROM 5 -7 PM AT THE CENTER:

10 HARVEY STREET
CAMBRIDGE, MA 02140

SEMESTER II - CLASS SCHEDULE

10, & 24 February (President's Day Observed on February 17th and school vacation)

03, 10, 17, 24 & 31 March

07, 21 & 28 April (School vacation April 14th)

05, 12, & 19 May (Memorial Day Observed on May 26th)

PLEASE FORWARD COMPLETED APPLICATION TO THE EMAIL ADDRESS: jcesic@yahoo.com

ALSO, SIMULTANEOUSLY , PLEASE SEND CHECK TO THE FOLLOWING ADDRESS:

NEW ENGLAND FRIENDS OF BOSNIA AND HERZEGOVINA
ATTN: BOSNIAN LANGUAGE SCHOOL
10 HARVEY STREET
CAMBRIDGE, MA 02140

WRITE A CHECK TO: ***N.E. FRIENDS OF BIH***

IN THE CORRESPONDENCE LINE PLEASE INDICATE: FOR BOSNIAN LANGUAGE SCHOOL

THANK YOU.