

Registration Form

Please print clearly

ALLONS EN FRANCE

School _____

School Telephone number _____ School Fax Number _____

Student Name _____ Grade _____

Twitter Handle (*Please ensure exact spelling*) @ _____

Birth Date (*dd/mm/yyyy*) _____ FSL Program:
 Core/Basic French Extended/Integrated
 Intensive French
 French Immersion - (*Please circle*) Early Middle Late
 Other: _____

Telephone Number _____

Street address _____ City _____ Prov./Terr. _____

Postal Code _____ Email _____

Student Signature _____ Date _____

Teacher's Name _____

Telephone Number (primary) _____ Telephone Number (alternate) _____

E-mail _____

Teacher Signature _____ Date _____

This section is only for students who will be under 18 years old as of July 1st, 2014.

Parent or Guardian
Name _____

By signing this form, I understand that I grant my child permission to travel to France to participate in a two-week long summer French language and culture class at CAREL.

I understand that he or she will not be accompanied by an adult chaperone until the arrival of both student and chaperone(s) at the airport in France.

Parent or Guardian
Signature _____ Date _____