



ALLIANCE FRANÇAISE OF GREATER ORLANDO

REGISTRATION FORM

SESSION PERIOD: WINTER [] SPRING [] SUMMER [] FALL []

YEAR: _____

| | | | | | | |
|---|------|-------|-----------------------|--------|------|------|
| Parents / Adults Students : | | | | | | |
| First name: | | | Last name: | | | |
| Children / Teenagers : | | | | | | |
| First name: | | | Last name: | | | |
| Home Address: | | | | | | |
| Street: | | | City: | | Zip: | |
| Phone : | | | | | | |
| Home Phone: | | | Cell Phone: | | | |
| E-mail Addresses (indicate who's address it is) : | | | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| Student's estimated level of fluency : <i>Beginner</i> [] <i>Intermediate</i> [] <i>Advanced</i> [] | | | | | | |
| (will assess level through test) | | | | | | |
| Previous French Studies: <i>High School</i> [] <i>College</i> [] <i>None</i> [] | | | | | | |
| Objective: <i>Professional</i> [] <i>Academic</i> [] <i>Tourism</i> [] <i>Familial Bilingualism</i> [] | | | | | | |
| <i>Cultural interest</i> [] <i>Other:</i> | | | | | | |
| Preferred availability for classes: | | | | | | |
| | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |
| | [] | [] | [] | [] | [] | [] |
| Tuition fees : | | | Payment Type : | | | |
| How did you FIRST hear of AFGO School ? | | | | | | |
| Friend or relative : Former AFGO student [] AFGO Member [] Other: | | | | | | |
| Internet: Website [] Facebook [] Other: | | | | | | |

I read the French School of the Alliance Française of Greater Orlando policy and I agree to abide by it.

Student Signature: _____ Date: _____