**Registration Form**

**DELF Junior - Session __________**

**Candidate’s Code** (if you have previously taken the DELF Junior): ______________

*Please write clearly to avoid errors on your certificate-Thank you*

**Information** (as it appears on your passport, ID Card or birth certificate)

Title

- Mr.
- Ms.

First Name: __________________ Last Name: _________________________________

Date of Birth: ______________________ (e.g: November 11, 1999)

Place of Birth - City: _______________ State: (write out) _______________________

Country of Birth: _______________ Nationality(ies) (two) _________________________

Native tongue: _______________ (only one)

Present Address: _________________________ Zip Code: __________

City: _______________ State/Country: (write out) _________________________

- Home or - Cell Phone: _______________ - Parent/Guardian’s Cell Phone: _______________

Your Email Address: ___________________________________________________________

Parent/Guardian’s Name: ___________________________________________________________________

Parent/Guardian’s Address if different from your child’s address:

___________________________________________________________

Parent/Guardian’s Email Address: _____________________________________________

Status:

- Student
- Other

Candidate’s School Status:

Your grade if enrolled in school _______

Name and address of the school ______________________________________________________
Home schooled

Special request (impaired vision or hearing – incapacity to write due to injury - others)
Please email a medical note to Voahangy Siraisi – vsiraisi@fiaf.org

Exam(s) to take
Exam Level(s)  ☐ A1  ☐ A2  ☐ B1  ☐ B2
Note: If you choose more than one level, make sure the dates do not overlap.

Reason(s) for taking the exam, check all that apply?
☐ For studies
☐ For certification of my French-language skills for personal reasons

Payment
Pay with ☐ Amex ☐ MC ☐ Visa # ___________________________
Name on card: ___________________________ Expiration Date: ___ / ___ CVV: ___
Amount: __________
☐ I understand that the exam fee is non-refundable. Signature ___________________________

Registration procedure/Ways to register
Fill out and email your registration form to Voahangy Siraisi – vsiraisi@fiaf.org
Your registration is confirmed once the payment of your exam fee is processed.
You will receive a notification with time, room numbers, and important information concerning your exam after the registration deadline has passed.

Merci et à bientôt!