



**french institute
alliance française**

**Registration Form
DELFL Junior - Session _____**

Candidate's Code (if you have previously taken the DELFL 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!