**Enrolment form Summer courses**

## Course and Accommodation

**Course title :**……………………………………………………………………………………………………………………………………………

**Course start date :** ………………… **End date** : …………………

**Type of accommodation:** ……………………………………………………………………………………………………………………………………………

**start date :** …………………(arrival on Sunday) **End date** : ………………… (Departure on Saturday)

## Personal details

**Family name** ………………………………………………………………………………………………………………………………………………………………

**Given names** ………………………………………………………………………………………………………………………………………………………………

**Date of Birth**  ……………………… **Male**  **Female**  **Age at the start of the course**……………………….

**Nationality** ……………………………………………… **First language** ………………………………………………

**Home address**  …………………………………………………………………………………………………………………………………………………………….

City ……………………………………………… Potscode…………………………… Country ………………………………………………………………..

**Telefon** (day)………………………………………………………… evening ……………………………………………………………………

**Mobile** …………………………………………………………………… Fax …………………………………………………………………………..

**Email** …………………………………………………………………………………………………………………………………………………………………………..

**Passport Number** ……………………………………………… **Occupation/ Studies** ………………………………………………………….

**Language level :**  Beginner  Elementary Pre-intermediate

Upper-intermediate  Advanced

*Please note that we do not take beginners on most courses, please contact us for more details if you are beginner.*

**Emergency contact person Family name** ………………..……………………………………………………………………………………………

**Given names** ….…………………………………………………… **Telefon** (day)………………………………………………………………………. **Telefon** (evening) ……………………………………………… **Mobile** …………………………………………………………………………………

**Email** …………………………………………………………………………………………………………………………………………………………………………..

## Accommodation and health

Do you smoke ?  yes  No If yes, is it ok if your hosts smoke?  yes  No

Any other request ? (no dogs, no cat, I like children) ………………………………………………………………………………………………………….

Special remarks, *Dietary needs, illnesses, and allergies, special likes and dislikes* …………………………………………………………….

Are there any food you cannot eat : red meat  white meat  Pork  Fish

Other, please specify …………………………………………………………………………………………………………………………………………………….

## How did you hear about us

## Alliance française’s notoriety

Recommendation of an Alliance française or a French Institute. Which one………………………………………………………

Website, which one:…………………………………………………

Internet search

Other. Please specify: …………………………………………………

Why did you choose Alliance française de Montpellier : ………………………………………………………………………………

## Payment

**I would like to pay :**

**the full amount for my course and accommodation**

**a deposit of 50% of the total amount**

*Please note that we don’t guaranty a place in the course you pre-book until the full amount is paid*.

* **Banktransfer** If you would like to pay by bank transfer, please transfer the money at: « Alliance française de Montpellier », CREDIT MUTUEL ENSEIGNANTS MONTPELLIER. Bank number : 10278 Account number : 00020046101.

BIC (Bank identifier code) : CMCIFR2A IBAN : FR76 1027 8090 5500 0200 4610 188

*Please send a copy of the wire transfer with your registration form.*

**I hereby agree to abide by the Alliance Française de Montpellier of enrollment and refund and cancellation terms and conditions for courses and accomodation. These can be found on the Alliance Française de Montpellier’s website.**

**Signed: ……………………………………………………………………. Date : …………………………………..**

Please fill in, sign and return the form to the school : info@af-montpellier.com