



DELF ADULTS ENROLMENT FORM: ALL PUBLICS

SATURDAY MAY 13, 2017

ENROLMENT DATES FROM MARCH 26 TO APRIL 20TH 2017

Note: ALL SECTIONS MUST BE FILLED AND WRITTEN IN CAPITAL LETTERS.

INCOMPLETE FORM WON'T BE PROCESSED!

Mr. Mrs Ms

Family name: _____

First name: _____

Gender: Male Female

Date of birth: ____/____/____

Place of birth (city): _____

(Country) _____

Nationality: _____

Address: _____

Cell phone : _____ Landline: _____

Email: _____

(Please write neatly!)

***A copy of candidate's passport or CPR (Must be given with this form)**

Please specify:

Individual candidate

Alliance française student

Name of your teacher at A.F _____

other school or institute: _____

FLE Teacher's name and contact details: _____

As a teacher (FLE) I confirm this student should be ready for the exam

	DELF A1	40 BHD
	DELF A2	40 BHD
	DELF B1	50 BHD
	DELF B2	50 BHD
	DELF C1	70 BHD
	DELF C2	70 BHD

***10 BHD Administration fees, if not student at Alliance Francaise Bahrain**

In: _____, on ____/____/____.

Signature:

Teacher's (FLE) Signature:

Réservé à l'administration/Administration use :
Droits d'inscription : _____
Reçu n° : _____
Session : _____
N° d'inscription : [?][?][?][?]-[?][?][?][?]