



DELF PRIM ENROLMENT FORM: from 8 to 12 years old

SATURDAY MAY 27, 2017

ENROLMENT DATES MARCH 19 TO APRIL 13, 2017

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

INCOMPLETE FORM WON'T BE PROCESSED!

Mr. Ms

Family Name: _____

First Name: _____

Gender: Male Female

Date of birth: ____/____/____

Place of birth: city _____

Place of birth: country _____

Nationality: _____

Address: _____

Cell phone number: _____ Landline: _____

(Must be one of your parents)

Email:

(Must be one of your parents) (Please write neatly!)

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

Please specify:

Name of your school: _____

Individual candidate

Alliance Française student

Name of your teacher at A.F. _____

FLE Teacher's name and contact details: _____

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

DELF PRIM (8-12 years old)		
	DELF PRIM A1.1	40 BHD
	DELF PRIM A1	40 BHD
	DELF PRIM A2	40 BHD

***BD 10 administration fee, if not student at Alliance Française Bahrain**

Previous DELF Exam passed (level + year): _____

In : _____, on ____/____/____.

Parents 'Signature :

Teacher's (FLE) Signature :

<p>Réservé à l'administration/Administration use :</p> <p>Droits d'inscription : _____</p> <p>Reçu n° : _____</p> <p>Session : _____</p> <p>N° d'inscription : □□□□□□-□□□□□□</p>
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