



Alliance française d'Ahmedabad

AFA n° \_\_\_\_\_

Photo

Please do not fill in this part

Application form for courses

APPLICANT

Miss  Mrs.  Mr.

**Please write in block letters**

First name : \_\_\_\_\_

Last name : \_\_\_\_\_

Date of birth (dd/mm/yyyy) : . . / . . / . . . .

Place of birth (city/country) : \_\_\_\_\_ / \_\_\_\_\_

Nationality : \_\_\_\_\_

Occupation : \_\_\_\_\_

Mobile \_\_\_\_\_

Other phone number \_\_\_\_\_

Address : \_\_\_\_\_

Email : \_\_\_\_\_

Area / Town: \_\_\_\_\_

Would you like to receive « Decouvrir », our e-newsletter about courses and cultural activities ?  Yes  No

**Applicant's GUARDIAN - If under 18 years old**

**How did you hear about us ?:**

First name : \_\_\_\_\_

- Internet
- Social medias
- During a cultural events
- Article in newspapers
- Ad. In newspapers
- By « word-of-mouth »
- Other means : .....

Family name : \_\_\_\_\_

Relationship with applicant: \_\_\_\_\_

Phone:  Fix  Mobile \_\_\_\_\_

COURSES

Type (circle the option):  
Regular / Sunday / Discovery / Crash course / Kids

Choice	Timings
1st choice	
2nd choice	

Starting date: \_\_\_\_\_

Level : \_\_\_\_\_

Name of the signatory \_\_\_\_\_

Signature

Applicant (18+ years old only)  Guardian

*By signing this Application form, I hereby acknowledge that I read and agree to the Rules and Regulations of the internal student of Alliance française d'Ahmedabad. I'm informed that the course may be postponed or cancelled if there are not enough registrations; in case of cancellation only, I would be refunded.*

FOR OFFICE USE ONLY

Rec. No : \_\_\_\_\_

Remarks if any :

Date : \_\_\_\_\_

Payment :  Cash  Chq.  Card  DD

Scheme : \_\_\_\_\_

Contacted by : \_\_\_\_\_

Contacted date: \_\_\_\_\_