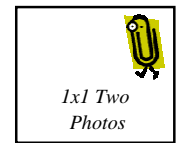




Alliance Française d'Islamabad

Children French Classes FORM

(Fill the form in BLOCK letters)



Full Name

Date and Place of Birth

Address

Parents contact number Cell#

Parents E-mail

Person to contact In case of Emergency Cell#

Parents Profession Father Mother

Languages Spoken by the child

Nationality (If non Pakistani please write Nationality)

Knowledge of French

Purpose of Learning French

From where did you Hear about us?

(Signature of the applicant)

FOR OFFICE USE ONLY Sc : Summer camp for the months of June, July and August

Date of Enrollment	Section	Date	Receipt	Amount	Result	Remarks
January						
March						
May 2012						
SC: June						
SC :July						
SC August						
September						
November						