



ACADÉMIE AQUITAINE

ENROLMENT FORM FOR STUDY VISIT TO BORDEAUX

FIRST NAME	SURNAME
DATE OF BIRTH	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
ADDRESS	NAME OF SCHOOL AND FRENCH TEACHER
CONTACT FOR PARENTS/GUARDIANS Home phone: _____ Mobile phone: _____ Work phone: _____ Email: _____	
COURSE DATES	
HOW LONG HAS YOUR CHILD BEEN STUDYING FRENCH AND WHICH EXAM ARE THEY PREPARING FOR?	
HAS YOUR CHILD BEEN TO FRANCE BEFORE? (PLEASE GIVE DETAILS)	
WHAT DOES YOUR CHILD HOPE TO ACHIEVE FROM THIS STUDY VISIT?	
WHICH SKILLS DOES HE/SHE MOST WANT TO WORK ON? Speaking <input type="checkbox"/> Listening <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Grammar <input type="checkbox"/>	
DO YOU HAVE ANY SPECIAL REQUESTS WITH REGARDS TO THE HOST FAMILY (PETS, DIETARY, AREAS OF INTEREST)?	
I WISH TO ENROL MY CHILD ON THE STUDY VISIT COURSE AND HAVE READ THE PROGRAMME OUTLINE INCLUDING THE TERMS AND CONDITIONS AND I ENCLOSE A DEPOSIT CHEQUE FOR £150 MADE PAYABLE TO ACADÉMIE AQUITAINE Signed _____ Date _____	
ONCE YOUR CHILD HAS BEEN ALLOCATED A PLACE ON THE COURSE YOU WILL BE SENT A MEDICAL AND CONSENT FORM AND DETAILS OF A BRIEFING MEETING FOR THE COURSE WHERE THE ACCOMPANYING TEACHERS WILL BE PRESENT. THE BALANCE PAYMENT OF £345 IS DUE BY 5TH FEBRUARY 2010 Please return the completed form and payment to Debbie Richards, Académie Aquitaine, Old Terminal Building, Bristol International Airport, Bristol BS48 3DY Email: debbie@academiaquitaine.co.uk Telephone: 01275 475452 Mobile: 07791 386 259	