

REGISTRATION FORM

Candidate's Code (if you have previously taken the DELF) : _____ - _____

DELF Junior 12-17 years: A1 A2 B1 B2

DELF/DALF Tout Public: A2 B1 B2 C1 C2

Information (as it appears on the birth certificate)

Mr. Ms. Mrs.

First Name: _____ Last Name : _____

Date of Birth: _____ (e.g: November 11, 1999)

Place of Birth: City: _____ State: _____

Country of Birth : _____ Nationality(ies): _____

Street Address: _____

Zip Code: _____ City: _____ State: _____

Phone # : _____

Email Address : _____

Parent /Guardian's Name: _____

Parent /Guardian's Phone # : _____

Parent /Guardian's Email Address : _____

Candidate's School Status: Grade if enrolled in school _____

Name and address of the school: _____

Home schooled: Yes No

Registration procedure

1. Submit your registration form via email or to our office before the registration deadline.
2. Pay with **Cash or Check** payable to Alliance Française of Westchester Inc.

I understand that the exam fee is non-refundable.

Parent /Guardian's Signature: _____

Signature: _____

Your registration is confirmed once the payment of your exam fee is processed.

You will receive a notification with time and important information concerning your exam after the registration deadline has passed.

REGISTRATION CALENDAR	Session 2
DELFDALF Tout Public	October 7 - November 27, 2020
DELFD Junior	October 9 - November 20, 2020

EXAM CALENDAR		Session 2	Price
DELFDALF Tout Public	A2	December 7	\$130
	B1	December 8	\$140
	B2	December 9	\$170
	C1	December 10	\$220
	C2	December 11	\$220
DELFD Junior	A1	December 1	\$120
	A2	December 2	\$130
	B1	December 3	\$140
	B2	December 4	\$170