

**REGISTRATION FORM**

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

DELF Junior 12-17 years:  A2

DELF Adulte:  A2  B2

**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.*

<b>REGISTRATION CALENDAR</b>	<b>Session</b>
<b>DEL F</b>	October 15 - November 25, 2019
<b>DEL F Junior</b>	October 15 - November 25, 2019

<b>EXAM CALENDAR</b>		<b>Session</b>	<b>Price</b>
<b>DEL F</b>	<b>A2</b>	December 2	\$130
	<b>B2</b>	December 4	\$170
<b>DEL F Junior</b>	<b>A2</b>	December 3	\$130