

**FRENCH SCHOOL OF THE ALLIANCE FRANÇAISE OF GREATER ORLANDO REGISTRATION FORM**

SESSION PERIOD: WINTER  SPRING  SUMMER  FALL

YEAR: \_\_\_\_\_

<b>First Name:</b>			
<b>Last name:</b>			
<b>Home Address:</b>			
<b>Home Phone:</b>			
<b>Work Phone:</b>			
<b>Cell Phone:</b>			
<b>E-mail Address:</b>			
<b>Student's estimated level of fluency in French:</b>  (will assess level through test)	<i>Beginner 1</i> <input type="checkbox"/>	<i>Intermediate 1</i> <input type="checkbox"/>	<i>Advanced 1</i> <input type="checkbox"/>
	<i>Beginner 2</i> <input type="checkbox"/>	<i>Intermediate 2</i> <input type="checkbox"/>	<i>Advanced 2</i> <input type="checkbox"/>
	<i>Beginner 3</i> <input type="checkbox"/>	<i>Intermediate 3</i> <input type="checkbox"/>	<i>Advanced 3</i> <input type="checkbox"/>
<b>Preferred availability for classes:</b>  (circle all that apply)	Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/>		Once a week = 3 hours, Twice a week = 2 hrs. each
<b>Tuition fees</b>			
<b>Payment Type</b>			
<b>How did you discover AFGO School?</b>	<b>Friend or relative</b> <input type="checkbox"/>	<b>Previous AFGO student</b> <input type="checkbox"/>	
	<b>Website</b> <input type="checkbox"/>	<b>AFGO Member</b> <input type="checkbox"/>	
	<b>Member</b> <input type="checkbox"/>		

I have read the French School of the Alliance Française of Greater Orlando policy and I agree to abide by it.	
Student Signature: _____	Date: _____

Address: 1516 East Colonial Drive, Suite 120, Orlando, Florida 32803

Website: [www.aforlando.org](http://www.aforlando.org), Phone: 407-895-1300, E-mail: [school@aforlando.org](mailto:school@aforlando.org)