



ALLIANCE FRANÇAISE OF GREATER ORLANDO

REGISTRATION FORM

SESSION PERIOD: WINTER [] SPRING [] SUMMER [] FALL []

YEAR: _____

Parents / Adults Students :
First name: _____ **Last name:** _____

Children / Teenagers :
First name: _____ **Last name:** _____

Home Address:
Street: _____ **City:** _____ **Zip:** _____

Phone :
Home Phone: _____ **Cell Phone:** _____

E-mail Addresses (indicate who's address it is) :
 1.
 2.

Student's estimated level of fluency : *Beginner* [] *Intermediate* [] *Advanced* []
 (will asses level through test)

Previous French Studies: *High School* [] *College* [] *None* []

Objective: *Professional* [] *Academic* [] *Tourism* [] *Familial Bilingualism* []
Cultural interest [] *Other:* _____

Preferred availability for classes: Mon. [] Tues. [] Wed. [] Thurs. [] Fri. [] Sat. []

Tuition fees : _____ **Payment Type :** _____

How did you FIRST heard of AFGO School ?
Friend or relative : Former AFGO student [] AFGO Member [] **Other:** _____
Internet: Website [] Facebook [] **Other:** _____

I read the French School of the Alliance Française of Greater Orlando policy and I agree to abide by it.

Student Signature: _____ **Date:** _____