

## Enrolment Form Antibes

### Student Information

Name \_\_\_\_\_ Surname \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Mother tongue \_\_\_\_\_

Passport Number \_\_\_\_\_ Passport expiration date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Student Email \_\_\_\_\_ Student Mobile \_\_\_\_\_

Telephone / evening \_\_\_\_\_ How did you hear about the course \_\_\_\_\_

Knowledge of French    None     Poor     Average     Good     Very good

Course: Standard Inclusive     Course Start date \_\_\_\_\_ No of weeks \_\_\_\_\_

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### Parent/Guardian Information

Name \_\_\_\_\_ Name \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Mobile \_\_\_\_\_ Mobile \_\_\_\_\_

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### Accommodation

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Residence/ Campus | <input type="checkbox"/> Host Family  |
| <input type="checkbox"/> Multiple room     | <input type="checkbox"/> Twin room    |
| <input type="checkbox"/> Single room *     | <input type="checkbox"/> Single room* |

Medical conditions, allergies or dietary requests \_\_\_\_\_

*\*single rooms on request. \* Accommodation is reserved Sunday to Saturday. Extra night by request*

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### Arrival and Transfer. **\*\*Please do not book flights until enrolment is confirmed**

Arrival date\* \_\_\_\_\_ Departure date\* \_\_\_\_\_

Flight No \_\_\_\_\_ Flight No \_\_\_\_\_

Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_

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