

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: French& Surf French& Activities Course Start date _____ No of weeks _____

Parent/Guardian Information

Name _____ Name _____

Email _____ Email _____

Mobile _____ Mobile _____

Accommodation

*From (dd/mm/yyyy) _____ To (dd/mm/yyyy) _____

Medical conditions, allergies or dietary requests _____

**Accommodation is reserved Sunday to Saturday. Extra night by request*

Arrival and Transfer

Arrival date* _____ Departure date* _____

Flight No _____ Flight No _____

Arrival Time _____ Departure Time _____
