

DELF EXAMINATION APPLICATION

7532 – 134A Street Surrey BC V3W 7J1

Please print clearly and fill in all fields

PERSONAL INFORMATION

Last name: _____ First name: _____

Middle initial: _____ Age: _____ Birth date: _____ / _____ / _____ F _____ M _____
eg: 12/June/1994 day month year

City & country of birth: _____ / _____
City Country

Citizenship: _____

Home address: _____
(street address)

(city) / _____
(postal code)

Home phone # _____ Email: _____

SCHOOL INFORMATION

School name: _____ School District: _____

I am enrolled in French grade: 6 7 8 9 10 11 12

Which Program? (check one):
Core French French Immersion Intensive French Post Intensive French IB

French teacher: _____ \$40 Deposit received? Yes _____ No _____

EXAMINATION INFORMATION

I wish to take the following DELF exam: (please consult with your French teacher)

Check **one**: A1 _____ A2 _____ B1 _____ B2 _____

Have you taken a DELF exam in the past? Yes _____ No _____ If yes, DELF code # 010605-000 _____

AUTHORIZATION

Parent/guardian name: _____ Signature: _____

Student signature: _____

DUE DATE: FEBRUARY 25, 2011
Must be faxed to Alicia Logie @ 604.590.2588
Late applications will NOT be accepted