

Registration Form - Session 2024

DELF/ DALF Tout public - DELF Junior - DELF Prim

Fill in your details to complete your registration:

Last name First name

DOB Place of birth (city/ state/ country)

Nationality Mother language

Address

City Zip code

Phone Email

School(s) you have been learning French at ?

I would like to take : SESSION 1 Mars SESSION 2 Avril SESSION 3 Juin SESSION 4 Décembre

DEL F A1 <input type="checkbox"/>	DEL F B2 <input type="checkbox"/>	DEL F Prim:	Delf Junior A1 <input type="checkbox"/>
DEL F A2 <input type="checkbox"/>	DAL F C1 <input type="checkbox"/>	A1.1 <input type="checkbox"/>	Delf Junior A.2 <input type="checkbox"/>
DEL F B1 <input type="checkbox"/>	DAL F C2 <input type="checkbox"/>	A1 <input type="checkbox"/>	Delf Junior B.1 <input type="checkbox"/>
		A2 <input type="checkbox"/>	Delf Junior B.2 <input type="checkbox"/>

Reason for taking the DELF/ DALF :

Citizenship <input type="checkbox"/>	School & studies in the USA <input type="checkbox"/>	Studies in a French speaking country <input type="checkbox"/>	Moving to a French speaking country <input type="checkbox"/>
For work <input type="checkbox"/>	Studies in France <input type="checkbox"/>	Moving to France <input type="checkbox"/>	Personal interest <input type="checkbox"/>

If you have already taken DELF/DALF/ DELF Junior Prim in the past, fill in this section:

Which exam(s) : _____ Registration number : _____ Place and date: _____

Date and place : _____ Signature : _____

ESPACE RÉSERVÉ À L'ADMINISTRATION :

- | | |
|---|---|
| <input type="checkbox"/> Formulaire dûment rempli | <input type="checkbox"/> Réception paiement |
| <input type="checkbox"/> Photo d'identité | <input type="checkbox"/> Inscription logiciel DELF/DALF |
| <input type="checkbox"/> Copie d'une pièce d'identité | |