

# STUDENTS REGISTRATION FORM

PLEASE USE CAPITALS

## Personal data

Name & Surname

Sex  M  F Date of birth (DD/MM/YYYY)  /  /

Profession  Nationality

Address

City

Mobile  Postal Code

E-Mail

Emergency Contact Name  Relationship with student

Mobile

## Motivations for learning French

Emigration  Pleasure  Scholastic reasons  Other: \_\_\_\_\_

Studies in France  Tourism  Work

## How did you know about us?

I've studied at AFM before  TV/Radio  Website/Search Engine (specify which one): \_\_\_\_\_

Family or Friend  Presentation/Fair  Newspaper/Magazine Ad (specify which one): \_\_\_\_\_

Posters/leaflets  Facebook  Others (specify): \_\_\_\_\_

Have you attended French classes at AFM?  Yes  No

Would you like to receive AFM's newsletter by e-mail?  Yes  No

"By signing this form I confirm that I have read the terms and conditions of admission to language courses and agree to abide by them."

Date :

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Signature of student  
(signature of parent in case of a minor student)

FOR OFFICE USE ONLY										
Class code	<input type="text"/>	Level	<input type="text"/>	Day / Time	<input type="text"/>					
Payment amount:	Reg. fees	Rs.	Course fees	Rs.	Service tax	Rs.	Textbooks fees	Rs.	TOTAL	Rs.
Payment Mode	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit card	<input type="checkbox"/> Cheque / DD No	dated			Bank			
Receipt No	<input type="text"/>	Student No	<input type="text"/>	Date	<input type="text"/>	Employee's initials		<input type="text"/>		

