



french institute alliance française

Registration form DELF Prim

Candidate's Code (if you have previously taken the DELF Prim) : _____ - _____

Please write clearly to avoid errors on your certificate-Thank you

Information (as it appears on your birth certificate)

Gender: Boy Girl

First Name: _____ Last Name: _____

Date of Birth: _____ (e.g: November 11, 1999)

Place of Birth - City: _____ State: _____

Country of Birth: _____ Nationality(ies): _____

Native tongue: _____

Parent/Guardian's Name: _____

Street Address: _____

Zip Code: _____ City: _____ State: (write out) _____

Parent/Guardian's Phone #: _____

Parent/Guardian's Email Address: _____

Candidate's School Status:

Your grade if enrolled in school _____

Name and address of the school _____

Home schooled

Is your child a member of FIAF? Yes- #. _____ No

Exam(s) to take

Exam Level(s) Complete Beginner (A1.1) Beginner (A1) Advanced Beginner (A2)

Note: If you choose more than one level, make sure the dates do not overlap.

Payment

I understand there is a **\$5.00** administrative fee in addition to the exam fee.

I will pay with Amex MC Visa # _____

Expiration Date : __ / __

I will pay with Check/Money Order to FIAF

Amount: _____

I understand that the exam fee is non-refundable.

Parent/Guardian's Signature _____

Registration procedure/Ways to register

1. Fill out and email your registration form to Voahangy Siraisi – vsiraisi@fiaf.org
2. Pay by check/money order to FIAF by mailing it to her attention at 22 East 60th Street – New York, NY 10022.

Your child's registration is confirmed once the payment of your exam fee is processed.

You will receive a notification with time, room numbers, and important information concerning your exam after the registration deadline has passed.

Merci et à bientôt!