

Class Registration Form 2017-18

Please Print

Name: _____

Parent or Guardian (if a minor): _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Class Requested:

- Group
Semi-private
Private

Class Requested:

- Adult
Child (K-8th)

Period Requested:

- Winter
Spring
Summer
Fall

I have read and agree to be bound by the terms of this form and the Alliance Française de Jacksonville's Language Learning Policy as provided. Policy is available by clicking on "Language Learning Policy" at www.afjacksonville.org/learn-french.html

Signature: _____ **Date:** _____

(Parent or Guardian if applicant is a minor)

Amount Enclosed: _____

Please submit completed Class Registration Form along with check made payable to "Alliance Française de Jacksonville" to:

Alliance Française de Jacksonville
1628 San Marco Blvd., Ste 9
Jacksonville, FL 32207

OFFICIAL USE ONLY

Level Assigned: _____

Course Number Assigned: _____ Date: _____ Time: _____

Teacher Assigned: _____

Payment Received: _____ Date: _____

Tuition Fees/Hours Purchased: _____ Payment Type: _____