



145, Rue du Palais Gallien
 33000 Bordeaux
 FRANCE
 Phone: 0033 5 40 54 67 20

(PRE)- REGISTRATION FORM
 COURSE

Academic Year ____ / ____
 Dossier n°

PHOTO

NAME: _____
 SURNAME: _____
 BIRTH DATE/PLACE: ____/____/____ in: _____
 SEX male female
 PASSPORT / IDENTITY CARD N°: _____
 NATIONALITY: _____
 ADDRESS: _____
 CITY: _____
 ZIP CODE: _____
 COUNTRY: _____
 HOME PHONE: _____ CELL _____ E-MAIL : _____
 INSURANCE N° (liability insurance) _____

MOTHER TONGUE _____

DO YOU SMOKE? OUI NON

SPECIAL DIET: _____

ALLERGY/ MEDICINE (specify): _____

HOW LONG HAVE YOU BEEN LEARNING french/english/japanese/polish? _____

SPOKEN LANGUAGES (specify level: 1- beginner, 5- very good):

1. Language _____

2. Language _____

- Oral: 1 2 3 4 5

- Oral: 1 2 3 4 5

- Written: 1 2 3 4 5

- Written: 1 2 3 4 5

DID YOU EVER ATTEND COURSES in FRENCH FACTORY Bordeaux?

YES (please specify the date and what course) _____ NO

HOW DID YOU HEAR ABOUT FRENCH FACTORY Bordeaux school?

AD IN NEWSPAPER (Which one? _____)

AD ON INTERNET (website's name _____)

FORUM

FRIEND

ANOTHER STUDENT

ADVERTISEMENT

Other (please specify) _____

LANGUAGE chosen :

- French
 English
 Japanese
 Polish
 others _____

FORMULA : FRENCH (possibility of mixed courses)

<input type="checkbox"/> General intensive courses	<input type="checkbox"/> Vivalto PLUS Formula ___ week(s) <input type="checkbox"/> Comfort PLUS Formula ___ months
<input type="checkbox"/> General half intensive courses	<input type="checkbox"/> Vivalto Formula ___ week(s) <input type="checkbox"/> Comfort Formula ___ months
<input type="checkbox"/> Tea Tim Courses (Standard & Exams)	<input type="checkbox"/> Standard <input type="checkbox"/> DELF (level ___) ___ months <input type="checkbox"/> TCF ___ months
<input type="checkbox"/> Business French ___ months	
<input type="checkbox"/> Specific French Courses	<input type="checkbox"/> Law/Diplomacy <input type="checkbox"/> Economy/Management <input type="checkbox"/> Hotel/Catering
<input type="checkbox"/> Saturday Courses ___ weeks/months	
<input type="checkbox"/> Private Tuition ___ weeks/months	
<input type="checkbox"/> Summer intensive courses ___ weeks/months	
<input type="checkbox"/> Summer semi-intensive courses ___ weeks/months	
<input type="checkbox"/> Winter intensive courses ___ weeks/months	
<input type="checkbox"/> Winter semi-intensive courses ___ weeks/months	

FORMULA : ENGLISH (possibility of mixed courses)

<input type="checkbox"/> Training "Progress within one month"	<input type="checkbox"/> 1 week Formula	<input type="checkbox"/> 2 weeks Formula
	<input type="checkbox"/> 3 weeks Formula	<input type="checkbox"/> 4 weeks Formula
<input type="checkbox"/> Training course „Two Weeks"	<input type="checkbox"/> "Travel" Formula <input type="checkbox"/> "Discussion" Formula <input type="checkbox"/> "Persuade" Formula	
<input type="checkbox"/> Private courses ___ weeks/months		
<input type="checkbox"/> Business English ___ months		
<input type="checkbox"/> Specific English	<input type="checkbox"/> Law/Diplomacy <input type="checkbox"/> Economy/Management <input type="checkbox"/> Hotel/Catering	
<input type="checkbox"/> Courses "Create your own group" ___ weeks/months		
<input type="checkbox"/> Others		

FORMULA : JAPANESE (possibility of mixed courses)

<input type="checkbox"/> Initiation training courses (language & culture)	<input type="checkbox"/> ___ weeks <input type="checkbox"/> ___ months
<input type="checkbox"/> Teenagers courses	<input type="checkbox"/> ___ weeks <input type="checkbox"/> ___ months
<input type="checkbox"/> Private courses ___ weeks/months	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2
<input type="checkbox"/> Business Japanese ___ months	
<input type="checkbox"/> Others	

FORMULA : POLISH (possibility of mixed courses)

<input type="checkbox"/> Initiation training courses (language & culture)	<input type="checkbox"/> ___ weeks <input type="checkbox"/> ___ months	
<input type="checkbox"/> Tea time courses	<input type="checkbox"/> ___ weeks <input type="checkbox"/> ___ months	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2
<input type="checkbox"/> Private courses ___ weeks/months	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2	
<input type="checkbox"/> Business Polish ___ months		
<input type="checkbox"/> Others		

For administration only

File N° _____ / _____ Beginning - End of courses _____ - _____

Social Insurance N°: /___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/

Visa N°: _____

Address : _____

Cell Phone : _____