



Alliance Française de Melbourne Year 10 French Immersion Day 2017

Subsidy application form for government-school students for Sunday 17 September 2017

Email to coursecoordinator@afmelbourne.com.au or fax to 9525 5064 by September 01.

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Student's	Details					
First Name:						
Last Name:						
Date of Birth:		NAME		I am:	□ Male	☐ Female
Address:	***************************************					
Suburb:				Postcode:		
Telephone:		E-mail	address:			
No 🗆		If yes, for		nch speaking cou	ntry?	
Name of Scho	ol:		Теа	acher's name:		
Teacher's e-m	ail address:					
	on for DET	-	cubcidy to	cover the full pri	ce of the	event, please outline why
you wish to pa	articipate in the	= = =	and how i	t will assist with		ench studies in the future





Parental Details

Parent/Guardian's Details - to be filled in by parent or guardian

First Name:			
Last Name:			
Address:			
Suburb:		Postcode:	
Telephone:		Mobile:	
E-mail addres	ss:		
Ι,		(parent/	'guardian's name) have read the
information	provided by the Alliance França	nise de Melbourne and	give permission for my child
		(student's name) to take j	part in the Alliance Francaise de
Alliance Fran	ear 10 French Immersion Day in S çaise de Melbourne to use photog	graphs and videos of my	v child taken during the event in
their publicat	tions. I confirm that I have entered	i iiito tiiis kelease voluii	itarny.
Date:			
Parent's /Gua	rdian's sianature		