



Alliance Française de Melbourne VCE French Immersion Camp 2016

Subsidy application form for government school students

Email to <u>coursecoordinatorwajmelbourne.com.au</u> or fax to 9525 5064							
Student's	Details						
First Name:							
Last Name:							
Date of Birth:				I am:	☐ Male	☐ Female	
Address:							
Suburb:				Postcode:			
Telephone:	**********	E-ma	il address:		10000		
Have you ever been on an exchange program to a French speaking country?							
Yes 🔲	No 🔲		If ye	s, for how long?		111111111111111111111111111111111111111	
Allergies? Diet	tary requireme	nts?					
Name of School	ol:		Т	eacher's name:			
Teacher's e-mail address:							
Application for DET subsidy Why should we select you? To apply for a \$300 subsidy to assist with the cost of the camp, please outline why you wish to participate in the camp and how it will assist with your VCE French studies in 2015 (written in English). Rural and regional students will be given preference.							



Date:



Basic Immersion Camp Rules - to be signed by student

Courteous behavior is required throughout the weekend. Lunch tables are to be set and cleared by students. Smoking or drinking will not be permitted.

I have read and understood the above rules and agree to abide by them.

Date: Student's signature:

Parental Permission Form

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:							
(parent/guardian's name) have read the information provided by the Alliance Française de Melbourne and give permission for my child (student's name) to take part in the Alliance								
Francaise de Melbourne VCE French Immersion Weekend at Portsea Camp from Friday 18 March to Sunday 20 March 2016.								
<u>-</u>								
	o Medical Attention		In case of an emergency only					
Consent t		(parent/quardic						
Consent t	o Medical Attention	it is impossible to comm	In case of an emergency only an's name) authorise the staff in nunicate with me, to my child me) receiving such medical or					
Consent t I, charge of the	o Medical Attention	it is impossible to comment (student's na	an's name) authorise the staff in nunicate with me, to my child					

Parent's/Guardian's signature:





French assessment

ASSESSMENT TEST (COMPULSORY)	
Did you start learning French in Year 7? ☐ Yes ☐ No - If no, when did you start learning French? Have you ever been on an exchange program to a French-	10. Ils sont mariés pendant depuis pour _un an.
speaking country? Yes No - If yes, where and for how long?	11. Si nous avions de l'argent, nous pourrions pouvions pourrons pourrons partir en vacances.
Please complete this test - without any assistance Tick the right answer (If you are unsure, please leave blank)	12. Il faut que vous saviez savez sachiezce que vous voulez
1. Nous habitent en habitons à habitez dansMelbourne.	faire. 13. Qu'est-ce que tu aimes faire le week-end ?
2. Hier, nous allé vont sommes allésà la plage.	
3. Tu veux	14. Qu'est-ce que tu as fait hier soir ?
4. Avant mon accident, ☐ je faisais ☐ j'ai fait ☐ je faisbeaucoup de vélo.	15. Qu'est-ce que tu ferais si tu gagnais tout à coup beaucoup d'argent ?
5. M. et Mme Durand partent en vacances avec ses leurs leurenfants.	16. Pourquoi veux-tu participer au week-end d'immersion en français? Qu'est-ce que tu souhaites y faire ?
6. Tu finis finiras finiracet exercice plus tard.	
7. Il court □ autant □ aussi □ si _vite que son frère.	
8. Est-ce que tu as envoyé cette lettre à Annie ? Oui, je lui en la lui lui laai envoyée.	
9. Nous parlions avons parlé parlons avons parlé parlons avec Paul quand Sarah est arrivée.	
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