

Alliance Française de Melbourne Y10 French Immersion Weekend 2016

Subsidy application form for government school students

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

Student's Details

First Name:

Last Name:

Date of Birth: I am: Male Female

Address:

Suburb: Postcode:

Telephone: E-mail address:

Have you ever been on an exchange program to a French speaking country?
Yes No If yes, for how long?

Allergies? Dietary requirements?

Name of School: Teacher's name:

Teacher's e-mail address:

Application for DET subsidy - *to be filled in by student*

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 French studies in the future (written in English). Rural and regional students will be given preference.

Permission Form & Payment – to be filled in by parent

Parent's or Guardian's Details

First Name:

Last Name:

Address:

Suburb: Postcode:

Telephone: Mobile:

E-mail address:

Parental Permission Form

I, (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 Française de Melbourne Year 10 French Immersion Weekend at Portsea Camp from Friday 09 to Sunday 11 September 2016 as well as to participate in a scavenger hunt in Portsea and its surroundings under supervision of the Alliance Française staff on Sunday 11 September 2016. I authorise the Alliance Française de Melbourne to use photographs and videos of my child taken during the weekend in their publications. I confirm that I have entered into this Release voluntarily.

Consent to Medical Attention – in case of an emergency only

I, (parent/guardian's name) authorise the staff in charge of the program to consent, where it is impossible to communicate with me, to my child (student's name) receiving such medical or surgical treatment as may be deemed necessary.

Other contact in case of emergency (please give details of a person other than above):

Last name: _____ First name: _____

Mobile: _____ Email: _____

Date:

Parent's signature:

Payment

Payment by	<input type="checkbox"/> cheque	<input type="checkbox"/> cash	<input type="checkbox"/> visa	<input type="checkbox"/> mastercard	<input type="checkbox"/> other (please specify: _____)
Card number:	-	-	-	Expiry date:	/
Name of card holder:				Date:	
Total amount (circle):	\$95	\$75	(current AFM members & students)	Signature:	