

Alliance Française de Melbourne Year 10 French Immersion Camp 2015

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:

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:

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

Parental Permission Form

Parent/Guardian's Details

First Name:

Last Name:

Address:

Suburb: Postcode:

Telephone: Mobile:

E-mail address:

I, (parent/guardian) 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 French Year 10 Immersion Camp at Portsea Camp from Friday 23 October to Sunday 25 October 2015 as well as to participate in a scavenger hunt in Portsea and its surroundings under supervision of the Alliance Française staff on Sunday 25 October 2015.

In case of an emergency only

Consent to Medical Attention

I, (parent/guardian) 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)

Name: _____

Mobile: _____

Email: _____

Date:

Parent's/Guardian's signature: