



SCHOOL PROGRAM / PRE REGISTRATION

This form is made to help us design the best experience for your group.

NAME OF SCHOOL

.....

SCHOOL ADDRESS

.....

.....

.....

TEACHER NAME

.....

YOUR CONTACTS

Email

Phone number

NUMBER OF STUDENTS FOR THE EXCHANGE

.....

STUDENT GENDER (EX: FEMALE: 4 / MALE: 4)

Female Male

YEAR LEVEL

DATES (WHEN WOULD YOU PLAN TO COME)

.....

LENGTH OF STAY

.....

I WANT TO ADD FOR MY GROUP

FRENCH WORKSHOPS

5 LESSONS ☐ 10 LESSONS ☐ NO WORKSHOPS ☐

PARIS ☐ DORDOGNE VALLEY ☐ SPAIN, SAN SEBASTIAN ☐

Please feel free to add any information which can help us to make your stay successful:

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