



## Registration Form

Please ensure both pages are complete

Please send this form to :  
Riviera French Institute,  
15 Boulevard d'Alsace, 06400 Cannes, FRANCE

T +33 4 92 99 26 95  
rfi@rfi.tf, [www.riviera-french-institute.com](http://www.riviera-french-institute.com)

For Young Learner bookings please ensure that all sections are completed as we will be unable to accept the student without these details.

### 1. Personal Details

Family name		First name(s)	
Date of birth (dd/mm/yyyy)		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality		Mother Tongue	
Address			
City	Postcode	Country	
Tel (home)		Tel (mobile)	
Email			
Passport number			

### 2. Course Details

Course Name		Location : Cannes	<input type="checkbox"/>	Nice	<input type="checkbox"/>	At home	<input type="checkbox"/>
Course start date		Course finishing date					
Language level	<input type="checkbox"/> Elementary (A1)	<input type="checkbox"/> Pre-Intermediate (A2)	<input type="checkbox"/> Intermediate (B1)				
	<input type="checkbox"/> Upper-Intermediate (B2)	<input type="checkbox"/> Advanced (C1)	<input type="checkbox"/> Proficient (C2)				

**\*A1-C2 Common European Framework level descriptors**

### 3. a) Adult Accommodation

Arrival date		Departure date	
<input type="checkbox"/> Arrival transfer from Nice Airport		<input type="checkbox"/> Departure transfer to Nice Airport	
<b>Please send us your flight details as soon as possible, even if you have not booked a transfer.</b>			
Accommodation:	<input type="checkbox"/> Homestay	<input type="checkbox"/> Residential apartment	Hotel : Class of hotel : <input type="text"/>
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you prefer non-smoking accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
No accommodation required	<input type="checkbox"/> Please provide your contact address in Cannes / Nice:		
<input type="text"/>			
Special requests*	<input type="text"/>		

**\*Subject to availability**

### (b) Young Learner Accommodation

Accommodation	<input type="checkbox"/> French Host family	<input type="checkbox"/> No accommodation needed	
Arrival date		Departure date	
<input type="checkbox"/> Arrival transfer from Nice Airport		<input type="checkbox"/> Departure transfer from Nice Airport	

### 4. Health & Emergency contact

Please list any medical conditions, special diets or allergies that school staff should be aware of:

Please give details of any medical treatments that need to be followed during your stay:

Emergency Contact:

Relation to the student  English/French spoken?

Tel (home)  Tel (mobile)

