



SUMMER COURSE 2019 / REGISTRATION FORM

Student

Last Name : First Name(s) :
Date of birth :/...../..... Place of birth :
Nationality : Mother tongue :
E-mail:
Sex : female male

Programme :

Number of weeks : 6 weeks 5 weeks 4 weeks 3 weeks 2 weeks
Arrival date: Departure date:.....
** Please note : arrivals and departures only take place on Saturdays within a certain period of time

Choice of language course: French English
My son / daughter has studied this language for year(s) for hours per week and has reached the following level: Beginner Intermediate Advanced Mother tongue

Parent or legal guardian details

Last Name : First Name(s) :
Address :
Tel : Fax :
Mobile : E-mail :
Professional contact details
Tel : Fax :
Mobile : E-mail :

Emergency contact details

Coordinates of a person to be contacted in an emergency if it is impossible for us to contact the parents
Last Name : First Name(s) :
Relationship with the student :
Tel : Mobile :

Further information

I heard about Brillantmont through :
 Friend Advertisement Website (please specify)
 Alumni Educational agent Other (please specify)
 Name of current school :

Brillantmont reserves the right to use images of students in official school publications (prospectus, website etc.) for promotional and marketing purposes. If you do not wish for images of your child to be used, please notify the school in writing.

I confirm that I have understood and accept the financial conditions and the school rules.

Date :

Signature of parents/legal guardian :