

LEGAL REPRESENTATIVE :

LAST NAME: _____ FIRST NAME: _____
 ADDRESS: _____
 ZIP CODE: _____ CITY: _____
 E-MAIL: _____ PHONE: _____

CHILD:

LAST NAME: _____ FIRST NAME: _____ GENDER: F M
 DATE OF BIRTH: _____ NATIONALITY: _____
 MOTHER TONGUE(S): _____
 SCHOOL: _____

• **Level French as a foreign language** **French as a mother tongue**
 Beginner Elementary Intermediate Advanced

• **Tick the box below :**

Schedule: 12h / 2 weeks
On Mondays, Wednesdays and Fridays.
Differentiated level groups include 3 to 5 children.
 (fee: €180)

Sessions:

20/07 - 31/07/2020
 and/or
 24/08 - 04/09/2020

Times:

- From 13.00 to 15.00

Location: Institut français du Luxembourg
 47 Avenue Monterey
 L-2012 Luxembourg

• **How did you hear about us?**

Website _____ Facebook _____ Booklet _____ Press _____ Radio ARA _____
 A friend _____ Other: _____

I wish to receive information about French courses offered by IFL : yes no
 (1 newsletter per month)

The Institut français du Luxembourg reserves the right to cancel any course due to insufficient enrolment numbers.

PLACE, DATE, SIGNATURE: