

Maison de Ste Claire

ABN: 81 194 614 493

www.maisondestclaire.com

PO Box 1283 Murwillumbah NSW 2484 Australia

STUDENT INFORMATION FORM French Immersion Program

Background Information

First name..... Middle name..... Surname.....

Sex..... Date of Birth..... Age..... School Year.....
School:

Parent(s) with whom you live: Surname..... First name(s).....
Street Address.....
Suburb..... State..... Postcode.....

Postal Address (if different).....
Suburb..... State..... Postcode.....

Tel:(h)..... Fax:(h)..... Student's Email.....

Father's occupation..... Tel:(w):().....

Mother's occupation..... Tel:(w):().....
(If business owners or company director, please provide specific field)

Mother's Email..... Father's Email.....

Siblings (name and age):

My interests / hobbies / favourite actors, music etc.:
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Years of language study (including present school year): Language..... Years.....
Dietary requirements (please specify):

Signatures

Information is required to prepare an interactive e-Book for students for listening exercise and work on phonetics, if required.

Student signature..... Date.....

Parent signature..... Date.....

PLEASE COMPLETE AND SEND TO: