



ADULT REGISTRATION FORM: Residential French Immersion Program
Date of time-slot enrolled in:

Background Information

First name: (Mrs/Ms/Mr/Dr)

Surname:

Sex:

Date of Birth:

Age:

Occupation:

Street Address:

Suburb:

State:

Postcode:

Mobile:

Email:

Years of French language study:

Other Languages Spoken:

Years

Name of Spouse:

Occupation:

Children (name/s and age/s):

Interests / hobbies / favourite actors, music etc:

Allergy/ies (if applicable):

Dietary requirements:

Accommodation (please select): Fleur de Lys / Violette/ Rose 1/ Rose 2/ Rose 3

Please select: Single / Twin Share.

If twin-share, would like to share a room with:

Signature:

Date: