

Mr.  Ms. Last Name.....First Name.....  
 Nationality.....Birthdate dd/mm/yy ...../...../..... in.....  
 Address.....  
 Post Code.....Town.....Country.....  
 Tel.....e-mail.....

Start date: dd/mm/yy ...../...../..... End Date: dd/mm/yy ...../...../.....

Number of weeks ..... Number of lessons per week:  12  20  40

Level  Complete Beginner  Advanced Beginner  Intermediate  Advanced

Price: .....€ *Your level will be checked before arrival at IFALPES.*

**ACCOMMODATION REQUEST 2020**

The accommodation service undertakes the accommodation process once the student has enrolled on a course and paid the deposits.

**ACCOMMODATION REQUESTED** Tick your first choice

- FAMILY Half-board  HOMESTAY Bed and Breakfast  
 Vegetarian  Smoker  Allergies Describe .....
- BEDROOM IN FURNISHED SHARED APARTMENT  STUDENT FURNISHED RESIDENCE  FURNISHED STUDIO

Maximum rent desired: .....€ / month

2<sup>nd</sup> choice of accommodation.....

What are your hobbies?.....

Special requirements.....

Will you have use of a car in France?  Yes  No