

**CLAIM FORM**  
**IFALPES ANNECY**  
To be addressed to the school administration

**Name of the student:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Telephone # (w/ international access code):** \_\_\_\_\_

**Topic of your claim:**

<input type="checkbox"/>	Classes
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Activities
<input type="checkbox"/>	School life
<input type="checkbox"/>	Faculty
<input type="checkbox"/>	Other (specify) :

Please expose your request as precisely as possible below:

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Handwriting practice area consisting of 20 horizontal dashed blue lines.

Blank writing area with horizontal dashed lines.

Do not hesitate to attach any relevant document to this form, our teams will review them to offer the best response possible.

[Name, Surname] - [Date] - [Signature]