



INTERNATIONAL FRENCH PROFICIENCY EXAM
- D.E.L.F. SCOLAIRE -
Official Student Registration



DELFTesting Centre: ECSD/DELFTesting 010783 (Canada)

REGISTRATION DEADLINE: FEBRUARY 9, 2017

PLEASE PRINT NEATLY.

Information on the DELF diploma will appear as it is written here, as we see it.

Yes! My child would like to register for the DELF **B2** exam.

Student **LAST** Name: _____ Student **FIRST** Name: _____

School: _____

Date of Birth (D/M/Y): _____ Male Female

City & Country of Birth: _____

First Language Spoken: _____

Nationality: _____

Home Address: (Diplomas will be mailed to participants.)

House # & Street Name: _____

Postal Code: _____ Phone number: _____

Have you **previously** written a DELF exam? If so, which level? _____

Student Signature: _____

PARENT CONSENT

I, _____, grant permission to Edmonton Catholic Schools to administer a language proficiency exam to my child _____. I understand that my child will be provided with an internationally recognized certificate upon submission of his/her result.

Parent signature _____ Date _____