

*Le Centre DELF scolaire de la Colombie-Britannique à Surrey*

**DELF EXAMINATION APPLICATION**

7532 – 134A Street, Surrey, BC V3W 7J1

**PERSONAL INFORMATION**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ F  M

City & country of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Home address: \_\_\_\_\_

*(street address)*

*(city)*

*(postal code)*

Home phone # \_\_\_\_\_ Email: \_\_\_\_\_

**SCHOOL INFORMATION**

School name: \_\_\_\_\_

School District: \_\_\_\_\_ School phone number: \_\_\_\_\_

Grade: \_\_\_\_\_ Program: \_\_\_\_\_

*(Immersion, Core French, IB)*

French teacher: \_\_\_\_\_

**EXAMINATION INFORMATION**

I wish to take the following DELF exam:

Circle one:      A2      B1      B2

Parent/guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

Student signature: \_\_\_\_\_