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CLASS REGISTRATION FORM

THIS FORM HAS TO BE COMPLETED BY ONE OF THE PARENTS OF THE STUDENT IF THE STUDENT IS A CHILD (7 – 17 YEARS OLD) IF NOT COMPLETE APPROPRIETE.

NAME: _____

AGE: _____ DATE OF BIRTH: _____

PHONE NUMBER: _____

EMAIL: _____

YOUR ADDRESS: _____

WHICH CLASS ARE YOU REGISTERING FOR: TICK AND CIRCLE

- | | |
|--|-----------------------|
| <input type="checkbox"/> PRIVATE FRENCH CLASS | ONLINE / FACE TO FACE |
| <input type="checkbox"/> DELF -DALF PREPARATION FRENCH CLASS | ONLINE / FACE TO FACE |
| <input type="checkbox"/> IGCSE PREPARATION FRENCH CLASS | ONLINE / FACE TO FACE |
| <input type="checkbox"/> BUSINESS FRENCH CLASS | ONLINE / FACE TO FACE |
| <input type="checkbox"/> FRENCH TEACHER TRAINING CLASS | ONLINE / FACE TO FACE |

PARENT(S)

NAME: _____

CONTACT: _____ PROFESSION: _____

NB: Please note that the registration fee is P 200 and the tuition fee has to be paid at the beginning of the class every month and there is no refund.

COMPLETED BY: _____

RELATIONSHIP WITH STUDENT (POSITION): _____

SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY- COMMENTS