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FRENCH SPELLING BEE COMPETITION

APPLICATION FORM FOR STUDENTS

THIS FORM HAS TO BE COMPLETED BY ONE OF THE PARENTS OF THE STUDENT

NAME: _____

AGE: _____ DATE OF BIRTH: _____

PHONE NUMBER: _____

EMAIL: _____

TICK THE YEAR: 2025 2026 2027 2028 2029 2030

YOUR SCHOOL'S NAME: _____

CLASS: _____

YOUR SCHOOL ADDRESS: _____

NAME OF YOUR FRENCH TEACHER: _____

PARENT(S)

NAME: _____

CONTACT: _____

PROFESSION: _____

NB: No, registration or participation fee. Parents have to escort their children.

COMPLETED BY: _____

RELATIONSHIP WITH STUDENT: _____ DATE: _____

SIGNATURE: _____

FOR OFFICIAL USE ONLY- COMMENTS