



# Student Record

Date: \_\_\_\_\_

CHILDREN / TEEN / ADULT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: MM/DD/YYYY

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_ Reason for registration: \_\_\_\_\_

Parent or student signature: \_\_\_\_\_

## Photographic / Media Consent Form

Please read and sign the media consent or waiver form below. This allows us to use photos or video recordings of you or your child that we may have taken while you or your child was in our facility for our own advertising or promotional purposes.

I \_\_\_\_\_ (Name of person giving consent & parent/guardian if under 18 years of age)

I consent on my own behalf or on behalf of my minor child to the use of photographs, video footage, audio recording of me or of my minor child by the Alliance Française French Institute of Michigan in each of the media below where I have marked Yes:

MEDIA	YES	NO
On the Alliance Française Website		
Newsletters		
Fliers		
Publications		
Showing during Alliance Française events		

Signature \_\_\_\_\_ Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Please read carefully before registering for class! **No refunds once classes have started.** Written requests (mail or e-mail) must be made directly to the director of the Alliance Française/French Institute of Michigan THREE (3) business days prior to the beginning of class. All class refunds are the amount of the tuition fee less the registration fee (\$25). Books are not refundable.

**If you are enrolling in private courses,** please give your teacher 24 hours' notice in case of absence; otherwise, payment is required.

### FOR INTERNAL USE ONLY

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_ School Year: \_\_\_\_\_

Session	Course Title	Teacher	Tuition	Yearly Regis. Fee	Membership \$5	Mileage	Total	Visa/Cash Check #/ Master	Date of Payment
			\$	\$25	\$	\$	\$		
			\$	x		\$	\$		
			\$	x		\$	\$		
			\$	x		\$	\$		