

**FRENCH SATURDAYS**

at The French American International School of Boca Raton

2500 NW 5th avenue

Boca Raton, FL, 33431

Phone: +1 (305) 927-1580- Email : amina@faisbr.org

**SATURDAYS FRENCH CLASSES REGISTRATION FORM 2023-2024**

One per child

STUDENT LEGAL NAME			CURRENT GRADE
SEX	AGE	DATE OF BIRTH	
STUDENT WILL ATTEND FRENCH CLASSES AT THE FOLLOWING PREFERRED TIMES*			
<input type="radio"/> 08:30-10:00 AM	<input type="radio"/> 10:00-11:30 AM	<input type="radio"/> 11:30 AM -01:00 PM	

\* you can select more than one preferred time

FRENCH LEVEL	FRENCH NATIVE SPEAKER	
<input type="radio"/> BEGINNER <input type="radio"/> INTERMEDIATE <input type="radio"/> ADVANCED	<input type="radio"/> YES	<input type="radio"/> NO

STUDENT / PARENT OR LEGAL GUARDIAN (First, middle Initial, last))
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HOME ADDRESS (street number,city state, zip code)
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HOME TELEPHONE	BUSINESS TELEPHONE	CELL NUMBER	EMAIL ADDRESS
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PARENT OR LEGAL GUARDIAN (First, middle Initial, last))
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HOME ADDRESS (street number,city state, zip code)
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HOME TELEPHONE	BUSINESS TELEPHONE	CELL NUMBER	EMAIL ADDRESS
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Provide the name(s) of person(s) other than the parent allowed to pick up the student

NAME	RELATION TO STUDENT	TELEPHONE	CELL NUMBER

**HEALTH INFORMATION**

1- Does the child have any allergies?       Yes       No      If Yes please specify

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2- List the student's illnesses, behavior issues, medications or physical limitations

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3- Physician name & Phone number

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STUDENT LEGAL NAME (Last,First,Middle)

## PAYMENT POLICY

### 1-TUITION & DUE DATES

PAIEMENT IN FULL

USD 1080

THE FIRST DAY OF EACH MONTH

8 MONTHLY PAYMENTS (only by Credit.Card) USD 135 from October to may

*A one time fee of 50 dollars for books and material will be added to your fist paiement*

### 2- REFUND POLICY

No refunds are provided on tuition fees for absences or vacations

3 months fee will be charged for withdrawals from the program

### 3- PAYMENT INFORMATION

CASH   
CHECK   
ZELLE   
CREDIT CARD

*Pay to the orrder of Amina Azaiez*

*Email adress : [amina.azaiez@gmail.com](mailto:amina.azaiez@gmail.com)*

*Card#*

*Card expiration date*

*CVV*

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## CALENDAR 2023-2024

October : 7, 21, 28

November : 4, 11, 18

December : 2, 11, 16

January : 13, 20, 27

February : 3, 10, 24

March : 2, 9, 16

April : 6, 20, 27

May : 4, 11, 18

## ACCEPTANCE NOTIFICATION

Please complete your application and send it to : [amina@faisbr.org](mailto:amina@faisbr.org)

We will review your application form and send you by mail a confirmation letter with the time of the class.

We may ask your kid to take a placement test