



Éducation Permanente
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REGISTRATION FORM: French as a Second Language-PART TIME

SECTION 1 – To be completed by student

First Name		Last Name	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (dd/mm/yy)	
Address			Apt/Unit
City	Province	Postal Code	
Tel.		Emergency contact (tel.)	
Contact E-mail			

SECTION 2 – To be completed by student

Rules regarding French as a Second Languages part time courses

In order to maintain the high quality of our courses, it is important that all students complete a minimum of 30 hours online, not miss more than 3 classes, and complete the course with a grade of 75%.

Conditions for registration

\$35 non refundable

I have read and understood the conditions of registration I agree to be contacted by e-mail

Signature of student

Date

SECTION 3 – To be completed by administration

School	Level / session	\$	Payment
<input type="checkbox"/> Éducation permanente	_____		<input type="checkbox"/> \$ <input type="checkbox"/> Interac <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex
<input type="checkbox"/> Franco-Ouest	_____		<input type="checkbox"/> \$ <input type="checkbox"/> Interac <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex
<input type="checkbox"/> Pierre-Savard	_____		<input type="checkbox"/> \$ <input type="checkbox"/> Interac <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex
<input type="checkbox"/> Béatrice-Desloges	_____		<input type="checkbox"/> \$ <input type="checkbox"/> Interac <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex
Day	_____		<input type="checkbox"/> \$ <input type="checkbox"/> Interac <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex
<input type="checkbox"/> Tuesday	_____		<input type="checkbox"/> \$ <input type="checkbox"/> Interac <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex
<input type="checkbox"/> Wednesday	_____		<input type="checkbox"/> \$ <input type="checkbox"/> Interac <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex
<input type="checkbox"/> Thursday	_____		<input type="checkbox"/> \$ <input type="checkbox"/> Interac <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex
<input type="checkbox"/> Saturday	_____		<input type="checkbox"/> \$ <input type="checkbox"/> Interac <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex

SECTION 4 – To be completed by administration

Clars ref.number: