



APPLICATION FOR CEFAM'S SECONDARY COLLEGIATE WEEK

Personal Information

Last Name _____ First Name _____ Middle Name _____

Male Female Date of Birth _____
day/month/year

Street Address _____

Zip Code _____ City _____ Country _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Country of Birth _____ Country of Citizenship _____

List all high schools you have attended, with current or most recent first

SCHOOL	CITY	COUNTRY	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Contact

Contact's Full Name _____

Relationship to the student _____

Street Name _____

Zip Code _____ City _____ Country _____

Phone _____

Email Address _____

Please indicate any disabilities or medical conditions

ADDITIONAL ITEMS TO COMPLETE THIS APPLICATION:

1. Copy of Passport
2. Secondary Transcripts
3. English Language Exam Results (IELTS or TOEFL) if your primary language is NOT English

PLEASE EMAIL APPLICATION MATERIALS TO Rachel Stowe, Director of International Enrollment, at **rachel.stowe@cefam.fr**

SIGNATURE OF APPLICANT: I CERTIFY THAT I HAVE COMPLETED THIS APPLICATION PERSONALLY AND THAT THE INFORMATION I HAVE PROVIDED IS COMPLETE AND TRUTHFUL.

Signature

Date