	Registration Form	Please ensure both pages are complete
CAMPUS RIERA INTERNATIONAL RÉVÉLATEUR DE TALENTS		For Young Learner bookings please ensure that all sections are completed as we will be unable to accept the student without these details.
1. Personal Deta	ails	
Family name Date of birth (dd/m Nationality Address City Tel (home) Email Passport number	nm/yyyy) Postcode	First name(s) Sex Male Female Mother Tongue Country Tel (mobile)
2. Course Detai	S	
Course Name Course start date Language level <b>*A1-C2 Common Eu</b>	Elementary (A1) Upper-Intermediate (B ropean Framework level descrip	
3. a) Adult Acco	mmodation	
	Homestay Resid	Departure date Departure transfer to Nice Airport Departure transfer to Nice Airport Departure transfer to Nice Airport Department Hotel : Class of hotel : Uprefer non-smoking accommodation? Yes No Yes No
Creatial requirests*		
Special requests* *Subject to availabilit (b) Young Learn	y er Accommodation	
Accommodation	French Host family	No accommodation needed
Arrival date Arrival transfer f	rom Nice Airport	Departure date Departure transfer from Nice Airport
Please give details of	al conditions, special diets or allergin any medical treatments that need t	es that school staff should be aware of: to be followed during your stay:
Emergency Contact Relation to the stud Tel (home)		English/French spoken? Tel (mobile)



## Please ensure both pages are complete

<i>RÉVÉLATEUR</i> DE TALENIS			
5. Payment Details			
Campus International Riera fees of € OR Deposit 30%			
Method of Payment Bank Transfer Check Cash			
6. Authorisation (Young Learners)			
Daytime			
No child under the age of 14 is allowed out unsupervised. (Except the way to go to school if family close to school)			
Students who are 14 years old and above have the opportunity to go shopping in small unsupervised groups.			
Evening (16-17 Only)			
I agree for my child to go out unsupervised in the evenings until 22.00hrs			
OR			
My child is not allowed out unsupervised in the evenings			
Sports			
Sports not permitted			
In the event of an emergency I authorise any responsible member of your organization to give permission for an			
Operation to be performed upon the participant if so advised by qualified medical staff. Name of Parents or Guardians			
Signature (Mother/Father/Guardian)			
7. Confirmation			
I agree to the use of my/my child's personal information, including health and religious or dietary requirements,			
set out in the terms and conditions. Yes No			
I do not want you to send me occasional information about Campus International Riera's courses and services			
I confirm my acceptance of Campus International Riera's Conditions of Enrolment.			
Signature Date (dd/mm/yyyy)			
I heard about Campus International Riera:			
CAMPUS INTERNATIONAL RIERA SAS BANK ACCOUNT			
BNB PARIBAS CANNES, FRANCE			
IBAN NO: FR76 3000 4006 4300 0107 8466 091			
BIC/SWIFT: BNPAFRPPXXX			