

York University Department of French Studies – Keele Campus www.yorku.ca/laps/fr/

2016 TORONTO UNIVERSITIES' FRENCH CONTEST CONCOURS DE FRANÇAIS DES UNIVERSITÉS TORONTOISES 2016

STUDENT APPLICATION FORM – CORE FRENCH

N.B. BOTH **STUDENT AND TEACHER** MUST READ THE REGULATIONS BEFORE COMPLETING AND SIGNING THIS FORM.

PLEASE SEND THE COMPLETED FORM ALONG WITH A CHEQUE FOR \$50

PAYABLE TO: **York University**TO THE ADDRESS INDICATED ON THE LAST PAGE OF THIS FORM

BEFORE **MARCH 18, 2016**

STUDENT INFORMATION

Student's LAST name (PRINT)	Student's FIRST name (PRINT)	
Home address (number, street, apt.)	(City, province, postal code)	
Home telephone number	Name of school currently attending	
Date of birth (year-month-day)	Country of birth	
Residency (Canadian citizen/landed immigrant)	Male or female	
STUDENT BACKGROUND		
Your background in French MUST BE outlined. Please be specific.		
How many years have you studied French, including this year?		
In what grade did you begin studying French?		
Please include all schools (elementary and secondary).		
Name of School/Board	Grades and Dates	
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Have you attended a French Immersion/Extended French program within the last ten years? Pleas provide specific dates.		
Have you spent any length of time in a French-speaking environment (including French student exchanges)? Please specify: where, when, and for how long.		
Please provide details, including dates, of other experiences in French (French camps, etc.).		
Do you hear and speak French at home? If yes, please give details.		
Is any member of your family a native French speaker? If yes, please specify.		
Have you lived or travelled extensively in any French-speaking provinces or countries? If yes, please specify: where, when, and for how long.		
Have you taken, or are you currently taking, French courses outside of the regular school programs (i.e summer, evening, or Saturday courses)? If yes, please specify: where, when, and for how long.		
Have you participated in a York University or University of Toronto French Contest before? If yes, please give details.		

STUDENT VERIFICATION

Please return completed form to your teacher.

I have read the enclosed regulations and I attest that I am eligible to participate in the

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Student's signature	Date
TEACHER	VERIFICATION
Name of French teacher (PLEASE PRINT)	Home telephone Number / E-mail
Name of School	Name of Board
Complete School Address	School Fax Number
knowledge and has been verified by me. satisfied that the above-named student is elig	ntioned student is accurate to the best of my I have read the enclosed regulations and I an gible to participate. I payable to: York University to cover this student's
Teacher's signature	Date

PLEASE MAIL OR HAND DELIVER APPLICATIONS TO:

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Attn: Eugénie Déziel
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