

AATF SUFFOLK NATIONAL FRENCH CONTEST REGISTRATION FORM

➤ **COMPLETE A SEPARATE FORM FOR EACH SCHOOL WHERE YOU TEACH** ⬅

PLEASE PRINT IN CAPITAL LETTERS AND **HIGHLIGHT ANY CHANGES**

Teacher: _____

Home Phone: _____

E-mail address: _____

District: _____

Is this any change from last year? _____

School: _____

School Phone: _____

School Address:

No. Street Town, State Zip

Superintendent: _____

Principal: _____

District Office Address:

No. Street Town, State Zip

AATF SUFFOLK CHAPTER MEMBER : Yes _____ No _____

Membership must be current for the year when the test is given.

Level ☐

Number of Exams ☐

CD (yes or no) ☐ ☐

Level 01

□□□□

Level 1 □□□□

Level 2 □□□□

Level 3 □□□□

Level 4 □□□□

Level 5

I am registering _____ students @ \$6.00 ea (AATF Suffolk member) \$ _____

I am registering _____ students at \$8.00 each (AATF Non-member) \$ _____

I need _____ CDs @ \$6.00 each \$ _____

Enclosed is check # _____ (***payable to AATF – SUFFOLK***)
in the amount of \$ _____
Total

Each student must be registered by his/her own teacher of French. I certify that students whose names are listed on the Student Registration Form(s) are currently my students of French.

(Signature of Teacher)

Please send the following and be sure to keep copies for yourself:

Completed Registration Form

Payment

Student List

Participation Agreement

to:

**Laura Martin, Contest Co-Administrator
136 Rowland Street Patchogue, NY 11772**

AATF Suffolk
Le Grand Concours
PARTICIPATION AGREEMENT

District _____ School _____

Principal _____

Teacher(s) _____

Address

School Phone _____

School Fax _____

I understand that the teacher(s) listed above may not be in the testing area during administration of **Le Grand Concours**. In order to guard the integrity of the exam, the following individuals will proctor the exam

Testing Coordinator

name & position

signature

Lead Proctor

name & position

signature

Principal's signature

Date