



J'ai de l'importance au DSBN

Consent Form – Student Registration

The information collected for the DELF exam is confidential and protected under section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act.

Student's First and Last Name: _____

(Please print your name **exactly** as you would like to appear on the certificate.)

Birth City: _____

Birthdate: ___/___/___ (mm/dd/yyyy)

Birth Country: _____

Country of Citizenship: _____

Female: ___ Male: ___ Non-Binary ___

First Language Spoken: _____

Exam Level: (student to consult with FSL teacher and select)

_____ **B2**

_____ **B1**

_____ **A2**

Information provided will **only** be used on the certificate if your child participates and is successful on the DELF exam.

Student Name: _____

Student Signature: _____

Secondary School: _____

Secondary FSL Program (Core or Immersion: _____)

Current/Most Recent Grade 12 Course: _____

FSL Teacher: _____

_____ I **give** permission for my student to participate in the DELF exam.

Parent/Guardian Name: _____

Parent Signature: _____

(Required if student is under 18 years of age)

Date: _____

Telephone: _____

Email Address: _____

Mailing Address:

(Mandatory for receipt of DELF Certificate - this is where your certificate will be sent.)