



# Grades 9 and 10 Summer French Program 2020 Application Form



To be completed and returned to your French teacher on or before January 17, 2020 (first term students) and on or before March 13, 2020 (second term students)

### General Information (Please type or print clearly)

Name of student: \_\_\_\_\_  
Surname First name

Date of birth: \_\_\_\_\_ Grade in 2019/20: \_\_\_\_\_ Gender: M  F  NB (Non-Binary)   
Day / Month / Year

I have participated in the Summer French Program last year: Yes  No

Name of Parent(s)/ Legal Guardian(s):

\_\_\_\_\_  
Surname First name

Street Address or P.O. Box: \_\_\_\_\_

\_\_\_\_\_  
City, town or village Prov. /Terr. Postal Code

Telephone: \_\_\_\_\_ Emergency telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please ensure this is an email address that is checked on a regular basis.

**Please note:** *You must be 17 years of age or younger as of August 1<sup>st</sup>, 2020. Students going into grades 11 and 12 are eligible to apply to a five-week French Second Language program, Explore <https://www.myexplore.ca/en/>*

Name of School: \_\_\_\_\_

School District: \_\_\_\_\_ Date: \_\_\_\_\_

I am currently enrolled in: Post-Intensive French/Core French  French Immersion

If you are aware of your CEFR (Common European Framework of Reference) language level, please circle it below:

A1    A2    B1    B2

**School Approval of Application (for school use only)-Please complete this section and add comments**

French Teacher Signature

Print Name

Title

Comments

**Please note: This application will be returned to you if the school approval section is not completed**

**Medical Information:** This section must be completed by a parent or legal guardian. The information below is extremely important in the event of an emergency. Please provide sufficient details and advise us if there are any changes between now and June 28<sup>th</sup>, 2020.

*Please note: It is important to specify whether there is a risk of anaphylactic shock due to an allergy reaction.*

1. Do you have any allergies (e.g., food, anaphylactic, medication, environmental)?    Yes     No

Details: \_\_\_\_\_

2. Are you receiving any medical treatment for your allergies?    Yes     No

Please, provide pertinent details related to treatment to inform personnel at the Université de Moncton: \_\_\_\_\_

3. Are you currently taking any medication?    Yes     No

Details: \_\_\_\_\_

4. Please provide details about any health-related concerns (e.g., dietary requirements, diabetes, mobility, vision, or auditory). To ensure we can better meet specific requirements, it is essential that you provide us with any changes in your child's health-related concerns between now and the beginning of the student summer program start date.

5. New Brunswick Medicare # \_\_\_\_\_ Expiry Date: \_\_\_\_\_
6. Private Health Insurance Carrier and Policy # \_\_\_\_\_ Expiry Date (if applicable): \_\_\_\_\_
7. Are your immunizations up- to-date? Yes  No  If no, please provide details:

\_\_\_\_\_

\_\_\_\_\_

**Parent's/Legal Guardian's Authorization**

I understand the financial investment for a seat in this program and **the importance of completing the entire session**. My child is willing to participate fully in the Summer French Program. I have discussed proper conduct with my child as well as the importance of speaking French at all times. We understand that inappropriate behavior or repeated use of English will be a breach of conduct and could mean being asked to leave the program. Should this situation arise, I understand I will be informed and be responsible for return transportation arrangements and incurred costs. Detailed behavioral expectations will be provided to students who are accepted to the program.

I authorize my child, \_\_\_\_\_ to participate in the full activities of the Summer French Program. In the event that my child is involved in an accident or becomes ill, I agree, that having taken the necessary precautions, the Université de Moncton, the Province of New Brunswick and its employees shall not be held responsible. This would also apply to the loss of or damage to his/her personal property.

In the event of an accident or illness, I understand that the Université de Moncton will phone me or one of the contacts provided on the registration form. If none of us can be reached, I hereby give permission to the Université de Moncton to authorize, on my behalf, all procedures, including admission to hospital and necessary treatment therein, as may be deemed essential for the care and well-being of my child.

**IT IS MANDATORY THAT THIS FORM BE SIGNED BY THE PARENT / LEGAL GUARDIAN OF THE PARTICIPANT**

Name \_\_\_\_\_ Relation to participant \_\_\_\_\_

Address (if different from above)  
Street Address or P.O. Box \_\_\_\_\_

City, town or village \_\_\_\_\_ Prov./Terr. \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Home (506) \_\_\_\_\_ Work (506) \_\_\_\_\_

\_\_\_\_\_  
Signature Date