



AFAR 17
44 rue Emile Racaud
17000 La Rochelle
afar17lr@gmail.com

STUDENT FORM

- **Last name:**
- **First name:**
- **Date of birth:**
- **Address:**
- **Phone number:**
- **E-mail:**
- **Contact in case of an emergency:**
 - **Name :**
 - **First name :**
 - **Address :**
 - **Phone number :**
 - **Email :**
- **Health problems / special diet (vegetarian, vegan, gluten free...):**
- **Studies :**



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➤ **Why do you want to go in France? :**

➤ **How long do you want to stay? :**