



Alliance Française

de New Haven

French Class Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

French Class Applied for: _____

Past French Class experience: _____

Signature: _____ Date: _____

Mail with check to AFNH, P.O. Box 207333, New Haven CT 06520