Alliance Française Gaborone - Botswana

CLASS REGISTRATION FORM 2026

Please complete this form with the information of the student who will be taking the course.
One form must be submitted per student.
The person completing this form is responsible for ensuring that all information provided is accurate and complete.
Any errors or incorrect details may affect administrative procedures, including the issuance of certificates, diplomas or transcripts.

Email: _____	Are you a new student? ☐ Yes ☐ No
Last name : _____	
First name(s) : _____	Date of birth: DD / MM / YYYY
Primary cellphone : _____	Secondary cellphone : _____
Nationality : _____	Place / Town / City of birth: _____
Country of birth : _____	Identity n° (Omang / Passport) :
Expiration date (MM/YYYY): ___ / _____ (attach copy)	Gender: ☐ Female ☐ Male ☐ Prefer not to say
Current age range: ☐ Adult ☐ Teenager ☐ Child	Mother tongue / Usual language: _____
Do you have special needs? ☐ Yes ☐ No	If yes, please specify: _____
Do you have allergies? ☐ Yes ☐ No	If yes, please specify: _____
Plot / House number: _____	Location / Neighbourhood: _____
District: _____	City / Town / Village: _____

ACADEMIC & MEMBERSHIP INFORMATION

AFG Member: ☐ Yes ☐ No	Membership number (if applicable): _____
Highest academic level: ☐ Primary School ☐ Junior Secondary School ☐ Certificate ☐ Diploma ☐ Degree ☐ Postgraduate / Honours ☐ Masters ☐ PhD ☐ Other: _____	School / University of origin: _____ Is your school / university a member of Alliance Française? ☐ Yes ☐ No ☐ I don't know
COURSE INFORMATION	
Class(es) attending (tick all that apply): ☐ Collective classes – Children ☐ Collective classes – Teens ☐ Collective classes – Adults ☐ Private classes ☐ Corporate classes ☐ Holiday program – Children ☐ Holiday program – Teens	Employer / Institution (corporate students only): _____ Private classes – preferred days and times: _____ _____
Collective classes – schedule: ☐ Mon & Wed 17h30–19h30 ☐ Tue & Thu 17h30–19h30 ☐ Thu 15h–17h ☐ Fri 15h–17h ☐ Sat 9h–11h ☐ Sat 11h–13h ☐ Sat 9h–12h ☐ Sat 12h30–15h30 Private class schedule _____	Course being learnt: ☐ English ☐ French ☐ Setswana ☐ DELF / DALF Preparation ☐ TCF Preparation ☐ TEF Preparation ☐ DFP Tourism ☐ DFP Business ☐ DFP International Relations & Diplomacy ☐ DFP Health ☐ Children / Teens Holiday Program ☐ Other: _____
Learning format: ☐ Onsite (at AF) ☐ Offsite (at home) ☐ Online ☐ Hybrid ☐ Blended	Learning experience: ☐ High school level ☐ Less than one year ☐ More than one year ☐ No experience

LEVEL EXPERIENCE (if applicable tick levels previously done)

A1: ☐ A1.1 ☐ A1.2 ☐ A1.3 ☐ A1.4 ☐ Conversation ☐ More advanced ☐ N/A ☐

A2: ☐ A2.1 ☐ A2.2 ☐ A2.3 ☐ A2.4 ☐ Conversation ☐ More advanced ☐ N/A

B1: ☐ B1.1 ☐ B1.2 ☐ B1.3 ☐ B1.4 ☐ Conversation ☐ More advanced ☐ N/A

B2: ☐ B2.1 ☐ B2.2 ☐ B2.3 ☐ B2.4 ☐ Conversation ☐ More advanced ☐ N/A

C1: ☐ C1.1 ☐ C1.2 ☐ Conversation ☐ More advanced ☐ N/A C2: ☐ C2 ☐ N/A

EXAM INFORMATION

DELF / DALF candidate code: _____

DFP candidate code: _____

TCF candidate code: _____

TEF candidate code: _____

Do you require special exam accommodation?

☐ Yes

☐ No

If yes, please specify:

_____

Instructor Private Classes :

_____

MOTIVATION & COMMUNICATION

Main reason for studies: ☐ Professional ☐ Leisure ☐ Studies ☐ Migration / Immigration ☐ Business / Investment ☐ Other _____

How did you hear about us? ☐ Word of mouth ☐ Advert / Flyer ☐ Website ☐ Facebook ☐ LinkedIn ☐ Instagram ☐ X ☐ TikTok ☐ Radio ☐ Television ☐ Event stall ☐ Partner institution ☐ Other

Interests (tick all that apply): ☐ Work ☐ Migration ☐ Community engagement ☐ Further studies ☐ Personal interest

Profession: _____

Professional sector: _____

Company / Institution: _____

PAYMENT & CONSENT

Payment method: ☐ Self-sponsored ☐ Company sponsored ☐ Scholarship / Partnership

Payment mode: ☐ Cash ☐ Card ☐ EFT

Receipt n° : _____

Registration date (DD/MM/YYYY): ___ / ___ / _____

By completing this form, I consent to the Terms and Conditions of the Alliance Française.

Signature & date _____

Alternative contact (parent / guardian / sponsor):

_____

OUR BANKING DETAILS

FNB:

62365117483

Main Branch: 281467

For EFTs

Reference
Surname + Initials + Service
e.g DOE J. A1.1 tuition

Online form : https://forms.gle/uzYZWMnZhbrdHyu5A

Contacts

Group classes : sales@afgaborone.org / +267 75 000 181

Private classes : courses@afgaborone.org / +267 72 300 549

Corporate classes : prof@afgaborone.org / +267 72 678 308

Notes

Scan for Terms and Conditions

Thank you ! – Merci beaucoup ! – Re a leboga !