

# CANADIAN PARENTS FOR FRENCH

# concoeurs d'art oratoire



Canada's French Public Speaking Contest

## Student Registration Form - 2017

The information provided will be used for the purposes of registering for the Nova Scotian Provincial Concours d'art oratoire. All entries must be completed in full. PLEASE PRINT CLEARLY.

### 1. General Information

|                              |             |                                     |                |
|------------------------------|-------------|-------------------------------------|----------------|
| First Name:                  | Last Name:  | Age:                                | Date of Birth: |
| Mailing Address:             |             | City/Town:                          | Postal Code:   |
| Home Phone:                  | Cell Phone: | Email Address:                      |                |
| Parent or Guardian's Name    |             | Parent or Guardian's Email Address: |                |
| Title of Speech (in French): |             |                                     |                |

### 2. School Information

|                 |                  |
|-----------------|------------------|
| School:         | School Board:    |
| Teacher's Name: | Teacher's Email: |

### 3. Student Education Information: In which grade are you currently enrolled?

|  |                               |                   |                 |                  |                |              |
|--|-------------------------------|-------------------|-----------------|------------------|----------------|--------------|
| Grades 5/6   | Grade 7/8                     | Grade 9/10        | Grade 11/12     |                  |                |              |
| In which French language program are you currently enrolled? |                               |                   |                 |                  |                |              |
| Core French  | Intensive French (gr. 6 only) | Integrated French | Early Immersion | Middle Immersion | Late Immersion | Francophonie |

### 4. Linguistic Experiences (Please check off appropriate boxes):

|  |         |        |                      |       |
|--|---------|--------|----------------------|-------|
| 1. What is your first language (mother tongue)?  | English | French | Other                |       |
| 2. Are you from a home in which a parent or guardian speaks French on a regular basis?     | Yes     | No     |                      |       |
| 3. Do one or both parents speak French?  | Yes     | No     |                      |       |
| 4. How often is French spoken at home  | Always  | Often  | Sometimes            | Never |
| 5. Were you part of student exchange program to a place where French was spoken regularly? | Yes     | No     | Where, and how long? |       |
| 6. Have you ever studied in French?  | Yes     | No     | Where, and how long? |       |
| 7. Have you benefited from living in a community   | Yes     | No     | Where, and when?     |       |

**CPF Nova Scotia \* 8 Flamingo Drive, Halifax NS \* B3M 4N8**  
 Telephone: (902) 453-2048 Toll Free: 1-877-CPF-5233 Fax: (902) 455-2789  
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|   |  |  |  |
|---|--|--|--|
| where French is spoken on a regular basis?  |  |  |  |
| 8/ Please describe any additional experiences in French (camps, exchanges, homestay, vacations) |  |  |  |
|   |  |  |  |

**5. Educational resume:**

| Grade   | PROGRAM (Core French, Intensive French, Integrated French, Early Immersion, Middle Immersion, Late Immersion, Francophone) | Name of School | Subjects taught in French (Grade 7-12 only) |
|---------|--|----------------|---|
| Primary |  |                |   |
| 1       |  |                |   |
| 2       |  |                |   |
| 3       |  |                |   |
| 4       |  |                |   |
| 5       |  |                |   |
| 6       |  |                |   |
| 7       |  |                |   |
| 8       |  |                |   |
| 9       |  |                |   |
| 10      |  |                |   |
| 11      |  |                |   |
| 12      |  |                |   |

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Signatures: Student \_\_\_\_\_

\*Parent/Guardian \_\_\_\_\_

*PLEASE RETURN THIS FORM AS SOON AS POSSIBLE, BY MAIL, EMAIL OR FAX (455-2789), TO ARRIVE NO LATER THAN **MONDAY, APRIL 24, 2017** TO THE CPF PROVINCIAL BRANCH OFFICE. STUDENTS NOT RETURNING THEIR FORMS BY THIS DATE MAY BE DISQUALIFIED.*

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