

## APPLICATION FORM

### Candidate Information

(Complete details in CAPITAL LETTERS and personal details exactly as they appear on identity card/passport - all fields are required)

Last Name																									
First Name																									
Father's Name																									
Address																									
Postal Code							City																		
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender: Male <input type="radio"/>	Female <input type="radio"/>	Native Language:																			
	<i>Day</i>	<i>Month</i>	<i>Year</i>																						
E-Mail																									
Telephone													Mobile												

### School Information (if applicable)

School Name																									
School Address																									
Postal Code							City																		
Teacher's Name																									
E-Mail																									
Telephone																									

ALCE  
Exam Center: \_\_\_\_\_

Upon signing of this document, I hereby confirm that:

- The above candidate information is accurate and correct.
- I have taken all required steps to receive nonstandard accommodations if appropriate.
- I am aware of and comply with the examination regulations of AEAfE. Any questions on the regulations should be addressed to AEAfE.
- AEAfE reserves the right to determine the region I will take the exam.

Candidate's name: \_\_\_\_\_ Personal Numeric Code (CNP): \_\_\_\_\_

Parent's/Guardian's name (if the candidate is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Parent's/Guardian's Signature: \_\_\_\_\_