

**Online Registration**



**For all returning students**

**Please fill in this form and send it in with your check to:**

Alliance Française de Santa Rosa  
Attn: School Director  
4525 Montgomery Drive  
Suite 2A  
Santa Rosa, CA 95409-5358

Number of weeks	Student's name	Chk #	Date paid	Class fee	Books	Total paid

**I want to register for:**

**Group classes:** Day: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Children's classes:** Day: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Tutoring:** Preferred day: \_\_\_\_\_ Preferred time: \_\_\_\_\_ Preferred Location: \_\_\_\_\_

**Advanced Placement group class:**

**Advanced Placement private class:**

Location: Santa Rosa Petaluma SRACS