

Candidates test day photo registration and consent form

Centre Name : Lycée international Jean-Mermoz
 Centre Number : CI 007
 Centre Address : Avenue Mermoz Cocody 08 BP 3545 Abidjan 08 Côte d'Ivoire
 Centre contact telephone number : +225 22 54 83 83

Use this form if you are 17, or under 17, years of age. You must complete all sections of this form.

Exam details:

Please circle the appropriate date for the exam you wish to register for:

| | | | | |
|----------------------------|------------|------------|------------|------------|
| C1 Advanced | 09/01/2021 | 13/03/2021 | 17/04/2021 | 29/05/2021 |
| B2 First for schools | 22/05/2021 | | | |
| B2 First | 09/01/2021 | 03/04/2021 | 22/05/2021 | |
| B1 Preliminary for schools | 17/04/2021 | 29/05/2021 | | |
| B1 Preliminary | 03/04/2021 | 22/05/2021 | | |
| A2 Key for schools | 17/04/2021 | 29/05/2021 | | |
| A2 Key | 22/05/2021 | | | |
| YLE Starter | 03/04/2021 | 10/04/2021 | 05/06/2021 | |
| YLE Flyer | 27/03/2021 | 10/04/2021 | 05/06/2021 | |
| YLE Mover | 27/03/2021 | 10/04/2021 | 05/06/2021 | |

Identification (ID): If you are taking C1 Advanced in the UK, Asia, Africa and Australasia you must record the type of acceptable photo ID used to register for the exam and bring the same ID back for each exam component otherwise you will not be allowed to sit the exam. Your ID must be current (not expired) and have a photograph.

ID type that you will bring to the exam*

*If you are using your exam result to immigrate, use the ID required by that country's immigration authority.

ID number (e.g. if bringing your passport, what is the passport number):

Expiry date of the ID listed above:

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| |
| |
| |

Your details:

First name(s):

Family name(s):

These names must be the same as the names on your passport/National Identity Card and must appear in the same order

Date of birth:

(day/month/year)

Gender: Male

Female



| | | | |
|----------------|--|---------------------------|--|
| Email address: | | | |
| Phone number: | | Mobile/cell Phone number: | |
| Address: | | City/town: | |
| | | Post/zip code: | |
| | | Country: | |

Your certificate will be available at your centre please contact the centre directly.

Why are you taking the test?

For studying abroad

For work

In which country?

Other

Do you need any special arrangements? For example, modified materials for visual difficulties, or administrative arrangements because of a medical condition.

Declaration:

I am the parent/legal guardian of the candidate named on this form and I give consent to this person taking the Cambridge English exam selected above.

I understand that all individuals who want to take a Cambridge English exam are required to agree to all of the Terms and Conditions (a copy of which has been provided by the centre).

I agree to the candidate being admitted for the selected Cambridge English exam at the centre listed on this form and for the date listed here. The candidate will bring a valid photo ID with them on the test day, and I consent to them having their photo taken by the centre on the day of the Speaking test and/or the written papers. I agree for this photo to be held on the secure Cambridge English Language Assessment Results Verification site and viewed as set out below if I give my agreement on behalf of the candidate.

The photo shall only be available to organisations/individuals that I agree to Cambridge English Language Assessment giving the candidate's details to or authorise to view the candidate's result.

By signing this form I declare that I am aware of and agree to comply with the Terms and Conditions for this exam.

| | Signature | Date |
|-------------------------------|-----------|------|
| Parent/Guardian | | |
| Signature of candidate | | |