

CALENDRIER ET TARIF DE LA CERTIFICATION

| Certification | Date de l'examen | Date limite d'inscription | Formes | Tarif |
|----------------------------|------------------------|---------------------------|----------------|---------------------|
| B2 FIRST for School | 1) Samedi 13/04/2024 | 08/02/2024 | paper-based | 144.000 FCFA |
| | 2) Mercredi 17/04/2024 | 01/03/2024 | computer-based | |

❖ Paiement

Le Paiement se fait :

- Soit par chèque libellé à l'ordre de « **MLCI- lycée international Jean- Mermoz** », soit en espèces à l'accueil de l'établissement.
- Soit par virement bancaire ou dépôt d'espèces directement auprès de nos banques partenaires.

Dans ce cas, la copie de l'ordre de virement doit être **obligatoirement** déposée à l'accueil de l'établissement avant de déposer le dossier complet au secrétariat Cambridge (**Bat S3 3^{ème} étage à côté de la salle 303**) du lycée Mermoz.

| | ECOBANK | BICICI |
|--------------------|------------------------------------|------------------------------------|
| Référence locale : | CI059 01037 141227725301 18 | CI006 01552 010493700021 55 |
| IBAN : | CI93 CI05 9010 3714 1227 7253 0118 | CI93 CI00 6015 5201 0493 7000 2155 |
| SWIFT/BIC: | EOCCIAB | BICICIABXXX |

Aucune inscription ne pourra être enregistrée après ces dates et seuls les dossiers complets seront acceptés.

Les sessions ne seront ouvertes que si le nombre minimum de candidats exigé par Cambridge est atteint.

Sandrine LAUBION

Centre Exams Manager Cambridge - Lycée international Jean Mermoz - Abidjan
sandrine.laubion@mlfmonde.org STD +225 27 22 54 83 83 Poste 2333 /LD +225 27 22 54 83 74

ENTRY FORM FOR CAMBRIDGE ENGLISH EXAMINATIONS FOR EXTERNAL CANDIDATES

Please write the date you wish to register for:

ALL candidates must
affix a photo here

| | |
|---------------------|---------------------------------|
| Certification | Date Chosen (Write the date) |
| B2 FIRST for School | |

For the registration, please attached a copy of the ID used it is MANDATORY.

Complete the form in **CAPITAL LETTERS**.

Write your name as it appears on your identity card, passport, etc....

| | |
|---|---|
| School of Origin | |
| Family name | |
| Given names | |
| Date of birth | |
| Address | |
| Postcode | |
| Town | |
| Home telephone | |
| Mobile phone | |
| Valid E-mail address (Capital Letters) | Parents: Candidate: |
| Type of ID used ** | <input type="radio"/> Passport <input type="radio"/> National ID <input type="radio"/> Consulate registration card <input type="radio"/> Resident Permit |
| ID number | |

* The confirmation of entry (COE) will be sent to the given email address.

** Photo mandatory + The document you register with is the document to bring on the day of the exam.

Date:

Signature of candidate:

Signature of parent for candidate under age 18:

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 : STD +225 27 22 54 83 83 Poste 2333 /LD +225 27 22 54 83 74

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

Exam details:

Tick the certification and write the appropriate date for the exam you wish to register for:

| Certifications | tick | Date |
|---------------------|-------------------------------------|------|
| B2 First for School | <input checked="" type="checkbox"/> | |

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:

| |
|--|
| |
| |
| |

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: (capital letters) | | | |
| 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 | | |

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 : STD +225 27 22 54 83 83 Poste 2333 /LD +225 27 22 54 83 74

Use this form if you are 18, or over 18, years of age. You must complete all sections of this form.

Exam details:

Tick the certification and write the appropriate date for the exam you wish to register for:

| Certifications | tick ✓ | Date |
|---------------------|-----------|------|
| B2 First for School | | |

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:

| |
|--|
| |
| |
| |

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:
(capital
letters)

Phone
number:

Address:

| | | |
|--|---------------------------------|--|
| | | |
| | Mobile/cell Phone number: | |
| | 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

☐

In which
country?

For work

☐

Other

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

Declaration:

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 wish to be admitted for the selected Cambridge English exam at the centre listed on this form and for the date listed here. I will bring a valid photo ID with me on the test day, and I consent to have my 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 Assessment English Results Service site and viewed as set out below if I give my agreement.

The photo shall on be available to organisations/individuals that I give my details to or that I authorize to view my 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

| | |
|--|--|
| | |
|--|--|