



# CALENDRIER ET TARIF DE LA CERTIFICATION

Certification	Date de l'examen	Date limite d'inscription	Formes	Tarif	
B2 FIRST for Schools	1) Samedi 11/04/2026	12/03/2026	Computer-based	159.000 FCFA	
	2)Mercredi 15/04/2026	25/03/2026	Computer-based	159.000 FCFA	

### \* 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 3ème étage à côté de la salle 303) du lycée Mermoz.

	ECOBANK	BICICI
Référence locale :	CI059 01037 120270336001 55	CI006 01552 010493700021 55
IBAN:	CI93 CI05 9010 3712 0270 3360 0155	CI93 CI00 6015 5201 0493 7000 2155
SWIFT/BIC:	ECOCCIAB	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.







ENTRY FORM FOR CAME	SKIDGE ENGLISH EX	AWINATIONS 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)		S 5 p.1333 1.3.13
B2 FIRST for Schools			
For the registration, please a	attached a copy of th	e ID used it is MAN	IDATORY.
Complete the form in <b>CAPITA</b> l Write your name as it appears		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 **	O Passport O Resident Per	O National ID	O Consulate registration card
ID number			
* The confirmation of entry (Co ** Photo mandatory + The docu			
Date:			
Signature of candidate:			



Signature of parent for candidate under age 18: .....





# Candidates test day photo registration and consent form

Centre Name : Lycée internatio	nal Jean-M	ermoz			
Centre Number : CI 007					
Centre Address : Avenue Merm	oz Cocody	08 BP 3545 Abid	djan 08 Côte d'Iv	oire	
Centre contact téléphone number	: STD +22	5 27 22 54 83 83	Poste 2333 /LD	+225 27 22 54 83	74
Use this form if you are 17, or form.	under 17, y	ears of age. Yo	u must comple	te all sections of t	this
Exam details:					
Tick the certification and write	the appro	priate date for t	he exam you wi	sh to register for:	:
Certifications	tick	Date			
B2 First for Schools			7		
D type that you will bring to the of the foundation of the foundat	exam* migrate, use th				
D number (e.g. if bringing your ps the passport number):	oassport, wl	nat			
Expiry date of the ID listed above	<b>:</b> :				
Your details:					
First name(s):		Family name(s):			
These names must be the same n the same order	as the nam	es on your pass	port/National Ide	ntity Card and mus	st appear
Date of pirth:    day/month/year)		Gender: Male	Female		
réseau mlfmonde					





address: (capital letters) Phone		Mobi	ile/cell		
number:		Phone number:			
Address:		City/town:			
		Post code	•		
		Cour	ntry:		
the centre	cate will be available a directly. Du taking the test?		idying abroad	In which country?	
			For work		
example, n difficulties,	ed any special arranger nodified materials for vi or administrative arran f a medical condition.	sual			
Declaration	on:				
•	rent/legal guardian of tl idge English exam sele		amed on this form a	and I give consent to	this person takinç
	nd that all individuals was and Conditions (a co				red to agree to al
this form and I consorvitten pap	the candidate being ad nd for the date listed he ent to them having the pers. I agree for this phe rification site and viewe	ere. The candi ir photo taken oto to be held	date will bring a val by the centre on th on the secure Caml	id photo ID with ther e day of the Speakii bridge English Langi	m on the test day ng test and/or the uage Assessmen
Assessmer	shall only be available t nt giving the candidate' this form I declare that	s details to or a	authorise to view th	e candidate's result.	
		Signature		Date	
Pa	rent/Guardian				



Signature of candidate





# Candidates test day photo registration and consent form

	ame : Lycée internatior umber : Cl 007	nal Jean-Mern	noz				
	ddress : Avenue Mermo	oz Cocody 08	RD 35/15 Ahi	idian 08	Côte d'Ivo	iro	
	entact telephone numbe	•		•			4 83
Use this fo	orm if you are 18, or c	over 18, years	s of age. Yoเ	ı must c	omplete a	all sections of	this form
Exam deta	ails:						
Tick the c	ertification and write	the appropri	ate date for t	the exan	n you wis	h to register fo	or:
Certificat	ions	tick	Date				
B2 First fo	or Schools	<b>-</b>					
for each e current (n	e type of acceptable pexam component other of expired) and have and the expired bring to the expired to the exp	erwise you a photograpl	will not be a				
*If you are us	ing your exam result to immy that country's immigration	nigrate, use the					
	(e.g. if bringing your part sport number):	assport, what					
Expiry date	e of the ID listed above	:					
Your detai	ils:						
First name(s):		Fan nam	nily ne(s):				
These name	nes must be the same a e order	as the names	on your pass	sport/Nat	ional Iden	tity Card and m	ust appea
-á	colfee e e de						

réseau mifmonde Le monde est votre école, l'excellence notre mission.





Date of birth:	Gender: Male	Female	
(day/month/year)			
Email address: (capital			
letters) Phone number:	Mobile/cell Phone number:		
	City/town:		
Address:	Post/zip code:		
	Country:		
Your certificate will be available at y	your centre please conta	ct the centre directly.	
Why are you taking the test?	For studying abroa	In which country?	
	For wor	ck Other	
Do you need any special arrangeme example, modified materials for visudifficulties, or administrative arrange because of a medical condition.	ual		
<b>Declaration</b> : I understand that all individuals who of the Terms and Conditions (a cop			uired to agree to all
I wish to be admitted for the selecte date listed here. I will bring a valid p by the centre on the day of the Speon the secure Cambridge Assessmay agreement.	photo ID with me on the to eaking test and/or the wr	est day, and I consent to ha itten papers. I agree for th	ave my photo taken is photo to be held
The photo shall on be available to over which the contract of	organisations/individuals	that I give my details to or	r that I authorize to
By signing this form I declare that I this exam.	am aware of and agree	to comply with the Terms	and Conditions for
Signature	Date		

