



Immersion days

Thank you for considering l'Institut français d'Écosse for your school.

Upon completion of this form, please mail it back to charlotte.hyvernaud@institut-francais.org.uk

School Name	
Coordinator Details	Name Contact
Location	<input type="radio"/> At the Institut français d'Écosse <input type="radio"/> At the School <i>Adress:</i>
Date (suggest 2)	Option 1: Option 2:
Duration Half day (3 hours)	Preferably <input type="radio"/> AM <input type="radio"/> PM

Number of learners	Primary	___ P1 ___ P2 ___ P3 ___ P4 ___ P5 ___ P6 ___ P7
	Secondary	___ S1 ___ S2 ___ S3 ___ S4 ___ S5 ___ S6

Are there any specific themes you request for the film and/or the workshops? If yes which ones?	
What is the level of your students in French?	
What skills in French language do you want your students to practice?	

DATE