| SELO Camille Claudel | EMBASSY OF CAMILLE CLAUDEL'S EUROPEAN SECTION VISA APPLICATION FORM | | | | | |
|--------------------------------------|---|-----------------------|----------|------------------|----|--|
| Claudel | | | | | | |
| | STAPLE A PHOTO HERE Lycées d'enseignement général technologique publics 10 rue Albert Camus 41000 Blois PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING THE APPLICATION | | | | | |
| (PLEASE PRINT IN BLOCK LETTERS ONLY) | | | | | | |
| | TOLE WAIVIE. | (First) | (Middle) | (Last) | | |
| | LAST NAME AT BIRTH (IF DI | FERENT): | | | | |
| | DATE OF BIRTH | EX | | | | |
| | dd / mm / yyyy M | ale 📃 🛛 F | emale | | | |
| | PLACE OF BIRTH (CITY, STAT | E & COUNTRY): | | | | |
| | | | | | | |
| | PRESENT ADDRESS: | | | | | |
| | Theoent hourses | | | | | |
| | CITY | | | CITY CODE | | |
| | | | | | | |
| | PHONE: (HOME) | | | (MOBILE) | | |
| | OCCUPATION OF YOUR FATHER : | | | | | |
| | | | | | | |
| | OCCUPATION OF YOUR MOTHER: | | | | | |
| | NUMBER OF SISTERS OR BRC | | | AGE(S) | | |
| | NUMBER OF SISTERS OR BRO | THERS | | AGE(3) | | |
| | PROFESSION I WANT TO DO | | | STUDDY I WANT TO | DO | |
| | MY HOBBIES | | | | | |
| | | | | | | |
| | WHY DID I CHOOSE TO DO TH | | | | | |
| | | E EUROPEAN SECTION | | | | |
| | | | | | | |
| | | | | | | |
| | | (FOR OFFICE USE ONLY) | | | | |
| | 2nde | T1 | | T2 | T3 | |
| | 1ère | T1 | | T2 | T3 | |
| | Terminale | T1 | | T2 | T3 | |
| | (You can now write in s | man letters) | | | | |

| Lycée Camille Claudel |
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