



# CAMBRIDGE ENGLISH

## Language Assessment

Authorised Centre

### ES 447 CALL RIOJA

CENTRO DE ACREDITACIÓN LINGÜÍSTICA S.L.

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YOUNG LEARNERS EXAMINATIONS (niños 7-12 años)

#### Exam details:

Which exam do you want to take?

STARTERS
MOVERS
FLYERS

On which date do you want to take the exam?

Where do you want to take the exam?

(See calendar for dates and venues)

LOGROÑO

CALAHORRA

OTHER .....

#### Your details:

First name:

Family name(s):

Date of birth:

(dd/mm/yy)

Gender:

Male

Female

Email address:

Phone number:

Mobile/cell phone number:

Address:

City/town:

Post code:

**Name of institution where you are doing a Cambridge English exam preparation course (leave blank if you are not doing a course):**

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Do you have any special requirements? For example, modified materials for visual difficulties, or special requirements because of a medical condition (a doctor's certificate may be required).

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**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).

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

	<b>Signature</b>	<b>Date</b>
<b>Parent/Guardian</b>		