



**CLAIM FORM**  
**LSF-IEF MONTPELLIER**  
 To be addressed to the school administration

Name of the student: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone # (w/ international access code): \_\_\_\_\_

Topic of your claim:

<input type="checkbox"/>	Classes
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Activities
<input type="checkbox"/>	School life
<input type="checkbox"/>	Faculty
<input type="checkbox"/>	Other (specify) :

Please expose your request as precisely as possible below:

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Handwriting practice area consisting of 15 horizontal dashed lines.





A series of horizontal dashed lines for writing practice, consisting of 18 lines spaced evenly down the page.





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Do not hesitate to attach any relevant document to this form, our teams will review them to offer the best response possible.

[Name, Surname] - [Date] - [Signature]

