



INFORMATION DOCUMENT

Institution

Name of institution:.....

Address :.....

Postal Code : City:

Number:.....

Email:.....

Director/Headmistress Principal (*surname, name*) :

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Mobil:.....

Email:.....

Total number of class in the institution (*indicate the number*) :

For the primary/elementary (*indicate the class level*):

1er prim 2ème prim 3ème prim 4ème prim 5ème prim

6ème prim Other :.....

Specific comment:

.....

Association **ANNABA**

Siège Social : Maison Pour Tous, place des Droits de l'Homme - 37300 Joué-Lès-Tours France

Bureau : Le Port – 37230 Luynes France

Tél : 06.82.21.02.13 / 06.63.46.96.25

asso.annaba@gmail.com – www.annaba-danse.eu

Siret : 43408662500010 - APE 9001Z

Academic Director of the services of National Education

Department:

Academic director of services of National Education *(surname, name, email)*:

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English departmental academic advisor sports education and health *(surname, name, email)* :

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Department academic advisor dance *(surname, name, email)* :

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Department academic advisor sports education and health *(surname, name, email)* :

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District:

Inspector of Education referent *(surname, name, email)* :

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Academic advisor of sports education and health *(surname, name, email)* :

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Participation

Have you ever participated in a European project Erasmus+Education ?

Yes No

Would you like to join the Erasmus+Education program on the project "Dance and thrust: way to success" for the period 2017/2020?

Yes No

Specific comment

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Teacher/professor referent

(For colleges, thank you to fill as many fact sheets teacher referent of project participation)

Name:.....

Surname:.....

Number:

Email:

Day (s) and planning of contact:

Class level:

For college, taught discipline:.....

Profile of your class (1 at 2 lines)

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Your motivation for the project (4 at 5 lines)

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Specific comment

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Signature

The teacher/professor referent
institution

The Director/ Headmistress of the



