FORMULAIRE D’INSCRIPTION

1. Nom et adresse de l’école participante :

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1. Nom(s) et coordonnées du/des professeur(s) responsable(s) (**Mail + Téléphone**) :

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1. Classe concernée (6TQélec, 5TTr, 7TQ, 7P, etc…)  : …………………………………………………..
2. Noms des étudiants participants  :

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1. Noms des professeurs intéressés par la formation E-plan :

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