



Enrollment Form

DIE NEUE SCHULE

**Gieselerstr. 30a Tel. 030 - 873 03 73 Mail: info@neueschule.de
D - 10713 Berlin Fax. 030 - 873 86 13 <http://www.neueschule.de>**

Fields marked with an asterisk (*) are required in order to process your enrollment.
Please fill them in with care. If you wish to apply for a visa, we will also need your birth date.
Your data will be treated strictly confidentially and will not be passed on to any third parties.

1. Personal Data / 2. Home address

Gender (m / w) *			
Surname: *		Date of birth (DD/MM/YY):*	
First name: *		Nationality:	
House number, street:*		Occupation:	
Postal code: *		Telephone number: *	
City or county: *		Fax:	
Country: *		E-mail: *	

3. How did you find out about DIE NEUE SCHULE?

- through friends or acquaintances
- by searching the internet
- Agentur / Reisebüro
- by the yellow pages or the telephone book
- I was a student at DIE NEUE SCHULE before
- other

4. Course selection / Duration *

- Type A: Intensive 20 lessons per week
- Type B: Intensive Plus 24 lessons per week
- Type C: Intensive Special group: 20 + 10 lessons of individual instruction per week
- Type E: Evening 4 lessons per week
- Type F: TestDaF Preparation 20 lessons per week

from _____ to _____

number of weeks: _____

- Type D: Private Tuition number of lessons: _____

Upon registering for a course, you will receive a needs profile in which you can specify the hours and contents of your course. The course can begin approximately five days after receipt of your registration.

5. Placement Test *

- I have no previous knowledge of German.
- I will take the placement test a minimum 4 weeks before the course begins.
- I have already taken the placement test and reached the following score: _____

6. Accommodation *

- I book the course without accommodation.
- I book a single room in a host family. without breakfast
 with breakfast
 including half board
- I book a single room in the apartment.
- I book a double room in the apartment together with Ms. / Mr. _____

from _____ to _____

- I am a smoker.
- I have allergies (please specify below).
- Pickup service required (one way)

7. Visa

- I need to apply for a visa for entering Germany

8. Deposit *

I will make the deposit of 150.00 EUR

- by credit card -**
with the booking confirmation email, you will receive a link to the website of our partner who will process your credit card payment.
- by PayPal -**
with the booking confirmation email, you will receive the information for our PayPal account.
- via bank transfer -**

I will transfer the deposit within seven days into the following account:

Account holder:	DIE NEUE SCHULE
Bank name:	Berliner Volksbank
Bank code:	100 900 00
Account no.:	2399315002
BIC:	BEVODEBB
IBAN:	DE 44100900002399315002
Bank address:	Brandenburgische Str. 86/87 D-10713 Berlin

I would like to make the following comments / ask the following questions:

I acknowledge the condition for participation as binding.

Date: _____ Signature: _____