## Registration – Private Tuition

Thank you for your interest in our course. Please fill in your contact information below:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Skype  |  |
| Date of birth |  | Phone |  |
| Address |  | Email |  |

|  |  |
| --- | --- |
| TYPE OF CLASS? | SESSION DURATION |
| * One-to-one
 | * 60-min
 |
| * Semi-private (2-3 students)
 | * 90-min
 |
| * Via Skype
 | * Other \_\_\_\_
 |

|  |  |
| --- | --- |
| PREFERED DAY OF THE WEEK | PREFERED TIME OF DAY |
| * Monday
 | * Morning
 |
| * Tuesday
 | * Lunchtime
 |
| * Wednesday
* Thursday
* Friday
 | * Early Afternoon
* Late Afternoon
* Evening
 |
| * Saturday
 |  |
| * Sunday
 |  |

Requested start date:

Frequency:

Place of tuition (if not at our Centre):

Current German language level:

Previous German language experience:

Which languages do you speak already? Native\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further requirements:

Signature: Date: