## 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: