



Enrollment Form

DIE NEUE SCHULE

Gieselerstr. 30A
D - 10713 Berlin

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Mail: info@neueschule.de
<http://www.neueschule.de>

Fields marked with “ * “ are required to process your registration. Please fill them out in any case. If you would like to apply for a visa, we still need your date of birth. We use the personal and course-related data provided by you exclusively for processing and handling your booking. The data will not be passed on to third parties. By submitting your booking form to us, you agree to the storage of your data in accordance with the GDPR.

1. Personal Data / 2. Home address

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

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

- through friends or acquaintances
 by searching the internet
 Travel Office / Agency
 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 of 10 days 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: _____