

Student Information

Name _____ Surname _____ Male Female

Date of Birth _____ Nationality _____ Mother tongue _____

Passport Number _____ Passport expiration date _____

Address _____ City _____ Postal Code _____

Student Email _____ Student Mobile _____

Telephone / evening _____ How did you hear about the course _____

Knowledge of German None Poor Average Good Very good

Course: Berlin College Berlin Intensive Berlin Villa

Course Start date _____ No of weeks _____

Parent/Guardian Information

Name _____ Name _____

Email _____ Email _____

Mobile _____ Mobile _____

Campus Accommodation

*From (dd/mm/yyyy) _____ To (dd/mm/yyyy) _____

**Accommodation is reserved Sunday to Sunday*

Medical conditions, allergies or dietary requests _____

I accept the LLI terms and conditions. Date _____ Signature _____

(For minors signature of parent or guardian)

** Please do not book flights until enrolment is confirmed.