



Application for GLS Adult courses -all year round

Please fax to 00 49 30 787 41 92 or send by email to: german@gls-berlin.de
or by mail to GLS Sprachenzentrum Berlin, Kastanienallee 82, 10435 Berlin, Germany

Name: _____ First Name: _____ male female

Nationality: _____ Mother Tongue: _____ Date of birth: _____

Occupation: _____ Telephone: _____ Fax: _____

Email: _____ Street: _____ Postal Code: _____

City: _____ Country: _____

If you need a visa, how do you want documents sent: by ordinary mail by express mail (on surcharge)

Only if you need a visa - your passport no.: _____

How did you find out about GLS? _____

The German program you'd like to enrol in:

Your present level of German: complete beginner elementary intermediate quite good advanced

Course name: _____ Course Dates from: _____ to: _____ No. of weeks: _____

Fill in only if you want to combine language course and Work Experience in Germany:

Work experience in which professional field: _____ No. of weeks: 6 weeks 8 weeks 12 weeks

Accommodation:

Homestay: & half board (transfers included) & breakfast & self catering

GLS Campus: Standard Studio Superior Studio

single room double room

Breakfast is included in the room rate. Additionally I book half board (on surcharge) full board (on surcharge)

You are: smoker vegetarian allergic to: _____ Insurance required: Yes No

arrival date: _____ departure date: _____

no accommodation required

Other comments: _____

Transfer:

transfer on arrival transfer on departure

arrival by: flight train date: _____ time: _____ station/airport: _____

Price total:

I accept the GLS terms and conditions and arranged payment of deposit (EUR 200)/total amount by

wire transfer credit card check drawn on German bank with no charges to beneficiary.

Please pay by bank transfer to: GLS Sprachenzentrum Berlin

SWIFT: HYVEDEMM, IBAN: DE16 1002 0890 0356 4128 85 Account no: 356412885

Bayerische Hypo- und Vereinsbank AG: bank code 100 208 90 Address: Leibnizstr. 100, D-10625 Berlin

In case of paying by credit card, please indicate Visa Master Card American Express Diners Club

Name of cardholder: _____

Expiry date: _____ Card No.: _____

Date _____ Signature (for minors signature of parent or guardian)



EducoTeam

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PRIJAVA/ENROLMENT FORM

PREZIME: _____ **IME:** _____

KUĆNA ADRESA: _____

GRAD i POŠT.BROJ: _____ **TELEFON:** _____

E-MAIL ADRESA: _____

DATUM ROĐENJA: _____ **POL:** _____

IME I PREZIME OCA: _____ **MAJKE:** _____

TELEFON (RODITELJA) NA POSLU: _____ **MOBILNI:** _____

CENTAR - GRAD I ŠKOLA : _____

TIP KURSA: _____

DATUM POLASKA: _____ **DATUM POVRATKA:** _____

DUŽINA BORAVKA: _____ **BROJ ČASOVA:** _____

TIP SMEŠTAJA: PORODICA INTERNAT/KOLEDŽ OSTALO _____

TIP SOBE: _____ **ISHRANA** _____
/opcije samo u slučaju kada škola nudi mogućnost izbora/

SPECIJALNI ZAHTEVI: dijeta, alergije, bolesti, kućni ljubimci: _____

POSEBNE NAPOMENE U VEZI EVENTUALNIH ZDRAVSTVENIH PROBLEMA: _____

ŽELIM PORODICU: PUŠAČE NEPUŠAČE

ŽELIM TRANSFER: DA OW RT NE

(AVIO) PREVOZ: INDIVIDUALNI POSREDSTVOM EDUCOTEAM-A

OVIM POTVRĐUJEM DA SU SVI GORE NAVEDENI PODACI TAČNI I DA SAM U CELOSTI UPOZNAT/A I PRIHVATAM PROGRAM I OPŠTE USLOVE (TERMS & CONDITIONS) ŠKOLE ZA KOJU SE PRIJAVLJUJEM I OPŠTE USLOVE POSLOVANJA EDUCOTEAM DOO, BEOGRAD

**POTPIS STUDENTA/RODITELJA
I BROJ LIČNE KARTE**

POTPIS PREDSTAVNIKA EDUCOTEAM-a

MESTO I DATUM