



YOUR ONLINE GERMAN SCHOOL

# REGISTRATION FORM

A Student Information

Last Name:

As it appears on your passport.

E-mail:

First Name:

As it appears on your passport.

Country:

City:

Gender:

M

F

X:

Address:

Chosen Name:

Only if X was chosen above.

Province:

Postal Code:

Date of Birth:

YYYY

MM

DD

Emergency Contact Name:

Nationality:

Emergency Contact Phone:

Primary Language:

WhatsApp Phone:

B Program

**KISS German**

(20 lessons per week)



Slot 1

Slot 4

(25 lessons per week)



Slot 1

Slot 4

(Ausbildung Package)



Number of Weeks:

Start Date:

YYYY

MM

DD

C Agent

Have you been in contact with an agent?

Yes

No

Agency:

City:

Country:

Contact Agent:

Agent Email:

I, hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my registration may invalidate my registration. I have read and understand all of ILAC policies & procedures including the [Tuition Refund Policy](#).

I, understand I am responsible to bring my own device to class to facilitate learning where necessary.