Dutch Expat School

WASSENAAR

**Application form**

|  |  |
| --- | --- |
| First name : |  |
| Surname : |  |
| Address : |  |
| Email : |  |
| Nationality: |  |
| Phone number : |  |
| Dutch level ( how many lessons did you have had before this course ) : |  |
| Specific wishes regarding the Dutch course (think about reading/speaking/writing Dutch) : |  |
| Wants to follow : group lessons /Private lessons |  |
| Preferred day (Monday or Thursday) and time : |  |
| Other remarks :  |  |