Dutch Expat School

WASSENAAR

**Application form**

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| --- | --- |
| 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 : |  |