

# EXAM REGISTRATION GOETHE-INSTITUT LJUBLJANA TEENAGERS



Please complete and sign the registration form and send it to:

Goethe-Institut Ljubljana  
Mirje 12, 1000 Ljubljana

or

[info-ljubljana@goethe.de](mailto:info-ljubljana@goethe.de)

To be completed by Goethe-Institut

PTN: \_\_\_\_\_ Rechnungsnr: \_\_\_\_\_ bezahlt am: \_\_\_\_\_ benachrichtigt: \_\_\_\_\_

## 1. PERSONAL DATA (mandatory)

* <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	
* Surname (as stated in your identity document)	* First name (as stated in your identity document)
* Full address	
* Postcode	* City
* Country	Mother tongue
* Date of birth	* City and country of birth
* Tel. number - candidate	* Email - candidate
* Tel. number - parent/guardian	* Email - parent/guardian
* Name of your German teacher of the past six months:	

\* I attended a German course at Goethe-Institut:

No

Yes

Course level/place: \_\_\_\_\_ Year: \_\_\_\_\_

[www.goethe.de](http://www.goethe.de)

\* Fields marked with an asterisk are required.

**GOETHE  
INSTITUT**

Sprache. Kultur. Deutschland.

**Certificate collection:**

- I will collect the certificate in person during office hours.
- The exam will be sent to me by post per registered mail.  
Address (if different from the one on Page 1)

**2. EXAM SELECTION**

\* Please select an exam and complete the exam date:

Exam	Date	Exam Fee
<input type="checkbox"/> <b>Fit in Deutsch 1 (A1)</b>		€75
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<input type="checkbox"/> <b>Goethe-Zertifikat A2: Fit (A2)</b>		€95
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<input type="checkbox"/> <b>Goethe-Zertifikat B1 - Jugendliche</b>		€175
<b>Module:</b>		Modul: €75
<input type="checkbox"/> Lesen		
<input type="checkbox"/> Hören		
<input type="checkbox"/> Schreiben		
<input type="checkbox"/> Sprechen		
<input type="checkbox"/> <b>Goethe-Zertifikat B2 - Jugendliche</b>		€185
<b>Module:</b>		Modul: €80
<input type="checkbox"/> Lesen		
<input type="checkbox"/> Hören		
<input type="checkbox"/> Schreiben		
<input type="checkbox"/> Sprechen		
<input type="checkbox"/> <b>A different exam:</b>		
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### 3. PAYMENT (mandatory)

**Please note:** Upon receipt of your registration form, we will send you the invoice for the exam fee by email. Please pay the exam fee in due time.

**\*Please select:**

- I want to pay through a **bank transfer**.
- The exam fee will be paid by a **company**:

Company name:	
Contact person at the company:	
Tel. number of the contact person:	
Email of the contact person:	
Address:	
Tax Identification Number:	

**Signature and stamp of the company:** \_\_\_\_\_

### 4. STATEMENT (mandatory)

I confirm my participation in the course as well as the accuracy of my data.  
I confirm that I am acquainted with and accept the [General Terms of Business](#) and [data protection](#).  
Candidates with special needs can find further information on our website.

\* x \_\_\_\_\_  
Place                      Date                      Signature of parent/guardian

### 5. NEWSLETTER

Hear the latest news about cultural events, language courses or events for teachers and subscribe to the newsletters of the Goethe-Institut Ljubljana:  
[Newsletter - des Goethe-Instituts Ljubljana - Goethe-Institut Slowenien](#)