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Registration form for the course “Deutsch plus Beruf” 2026

**Please send the completed form by e-mail to
teacherservice-chicago@goethe.de by March 1st 2026.**

| | |
|--|---|
| Name (as in passport or birth certificate) | |
| Date of Birth | |
| Class | |
| Name of the School | |
| Private address | |
| E-Mail address | |
| Phone number | |
| Career aspiration | |
| Language level (please mark with a cross) | <input type="checkbox"/> B1 <input type="checkbox"/> B2/C1 |

(Place, date)

(Name and signature of parents)

(Name and signature of the participant)