



EUROPASKOLEN | EUROPÄISCHE SCHULE
ΕΥΡΩΠΑΪΚΟ ΣΧΟΛΕΙΟ | EUROPEAN SCHOOL
ESCUELA EUROPEA | ECOLE EUROPEENNE
SCUOLA EUROPEA | EUROPESE SCHOOL
ESCOLA EUROPEIA | EUROOPPA-KOULU
EUROPASKOLAN | ЕВРОПЕЙСКО УЧИЛИЩЕ

2008-B4-060-fr-1
Original: FR

Visit request

To return to Mrs. Isabelle VERWILGHEN at least one week before the date of the visit.

Name of the visiting student _____

Date of birth ___/___/_____

Requested class (level and section) _____

Is visiting (name of EEB4 student) _____

Does he/she speak the language of the section ? Yes No

Is it the 1st visit this school year? Yes No (If yes, payment of 6,20€ for insurance, to bring to the secondary secretariat. Please bring the **exact amount.**)

Name and address of the visiting student's school :

Date requested for the visit (please give alternatives)

___/___/_____ or ___/___/_____ or ___/___/_____

Email address (to communicate the decision regarding the visit request)

Date ___/___/_____

Signature _____
Parent/Guardian

Accepted/Denied

Signature _____
Deputy-Director

Copy to

Dominique CHERON Visited teacher