

CERTIFICATE OF ENROLLMENT

Name and address of the foreign school:_____

Given name(s) and family name of the student:_____

Date of birth:_____

First date of school (DD/MM/YYYY):_____

Last or anticipated end date of school (DD/MM/YYYY)_____

Form of study: ☐ In-person ☐ E-learning ☐ Distance ☐ Other:_____

STUDY PLAN

Subjects (please, do not use abbreviations):_____

Number of periods per week:_____

Duration of one period in minutes:_____

Name and surname of authorized person at foreign school:_____

Signature of authorized person at foreign school:_____

School stamp: