



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

## APPENDIX III

### 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