

The application is non-binding and free of charge. Data protection: By submitting this form, the sender agrees to the privacy policy; this can be found at e.g. www.ehighschool.eu/datenschutz

»ehighschool«
Fahrländer Straße 3
14476 Potsdam
Germany

← suitable for a window envelope

or as an e-mail attachment to:
mail@ehighschool.eu

or online:
www.ehighschool.eu/bew

Yes, I would like to apply for:					
Program:	<input type="checkbox"/> School Exchange	<input type="checkbox"/> Language Travel / Vacation	<input type="checkbox"/> Internship		
	<input type="checkbox"/> Semester / study abroad	<input type="checkbox"/> "Hi Family" host family visit			
Country of destination:	<input type="checkbox"/> USA	<input type="checkbox"/> Canada	<input type="checkbox"/> Great Britain	<input type="checkbox"/> Ireland	
	<input type="checkbox"/> France	<input type="checkbox"/> Spain	<input type="checkbox"/> Australia	<input type="checkbox"/>	
<i>If already known:</i> Program:	<input type="checkbox"/> classic "exclusive": <input type="checkbox"/> choice of location <input type="checkbox"/> choice of school				
Desired start:	<input type="checkbox"/> Summer 202....	<input type="checkbox"/> Winter 202...../202....	<input type="checkbox"/>		
Duration:	<input type="checkbox"/> 1 school year	<input type="checkbox"/> 1 school semester	<input type="checkbox"/> 1 term	<input type="checkbox"/> 4 weeks	
	<input type="checkbox"/>				
Surname:					
First name(s):					
Sex:	<input type="checkbox"/> ♀ female	<input type="checkbox"/> male ♂	<input type="checkbox"/> ...		
Date of birth:		Place of birth:			
Nationality:	<input type="checkbox"/> British	<input type="checkbox"/>			
Street + House number:					
Zip code:		Place:			
Own mobile phone number:					
Parents' mobile phone number: or landline phone:					
Email:	@				
<i>(voluntary information):</i>	<input type="checkbox"/> Instagram:		<input type="checkbox"/> TikTok:		
Parents:					
I have allergies: <i>(if applicable)</i>	<input type="checkbox"/> against cat hair <input type="checkbox"/> against dog hair <input type="checkbox"/> against peanuts <input type="checkbox"/> ..				
I am <i>(where applicable)</i> :	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> I don't eat/drink:....				
What else needs to be taken into account:					
Name of my school:					
Type of school:	<input type="checkbox"/> High School	<input type="checkbox"/> College	<input type="checkbox"/>		
I'm in class right now....					
My last school records looked like this:					
Class ▼	Half-year ▼	English Grade ▼	Favorite subject	best grade ▼	Worst grade ▼

Other information *(if desired)*: