

**Exams at the Examination Centre of the Goethe-Institut in Lublin  
GROUP REGISTRATION**

School	
School name	
School address	

Registering Teacher	
First Name, Surname	
Phone Number	
E-mail address	

Exam Name*	
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\* A new group registration form must be filled out for each particular exam

Students							
no.	Surname	First Name	Date of Birth (YYYY-MM-DD)	Place of Birth	Home Address (street name, street number/ flat number, area code, city)	Phone Number	E-mail address
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