

UCAPE HESMUN25 7-11 FEBRUARY 2025 **IN BAD HOMBURG APPLICATION FORM**

PLEASE ATTACH A RECENT PASSPORT- SIZED PHOTO HERE (VERY IMPORTANT!)

Mallinckrodt-Gymnasium Dortmun	
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PLEASE COMPLETE <u>VERY CLEARLY</u> IN BLOCK CAPITALS OR DIGITALLY					
Pupil's first name		Pupil's surname			
Date of birth		Age on 07/02/2025			
Full home address (street, city with postcode)					
Languages spoken			o EPH o Q2		
Parents' mobile no.	+49				
Pupil's mobile no.	+49				
Family e-mail address					
Hobbies / interests					
Medical information allergies (Asthma, hayfever etc) or dietary problems (e.g. lactose intolerance, vegetarian or vegan diet)					
Signature of parent					
Signature of pupil					

