Students-Internship Europa Schule Kairo from 12th of January until 23rd of January 2020

Surname, name of the Student	Class: 10
Emailaddress:	
Mobile:	
Confirmation of the internship	
Company:	
Address of the company:	
Street:	
Place:	
Tel.:	
Name of the contact person in the company:	
Mr. / Mrs.	
Tel.:	
E-Mail:	
Intended tasks or activities of the trainee:	

Place