

IN DER SCHULE – MICROSOFT WORD LERNEN / BEWERBUNG TRAINIEREN

Schule:

Lehrer/in:

E-Mail:

Telefon/Mobile:

|  |  |
| --- | --- |
| 2 wöchentliche Alternative Wunschtermine: |   |

| Name Teilnehmer | Alter | IT Vorkenntnisse Schulnoten (1-6) |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |