



Schillerschule
Morgensternstr. 3
D-60596 Frankfurt am Main
Germany

Telephone: 0049 69 212-33058
Email: poststelle.schillerschule@stadt-frankfurt.de

Date

To Whom It May Concern

This is to confirm that our student _____ (currently in year ____)
is to complete a compulsory work placement. This work placement should take place
from _____ to _____ and can be extended if wanted.

Yours Faithfully

Signature (Tutor or Form Teacher)