



INTERNATIONAL SCHOOL
Ikast-Brande

Summer School Application

Student's full name and adress	
Mother tongue	
Level of English	
CPR no.	
Parents' contact details during the day time	
Any medical needs or food allergies	
Any other important Information	
Written consent: I give permission for my child to have his/her picture taken.	Parent Signature:
	Comments:

Please pay into the school account at: Stating name and Summer School
Bank Details: Handelsbanken Ikast: 7641 1020654