

Registration Form

Preliminary information



International School Ikast-Brande
Bøgildvej 2
DK-7430 Ikast
Tel. +45 97156465

Child's full name			
Date of Birth / CPR no.	Gender	Nationality	
Home address	Postal code	Town	
Home phone no.	E-mail		
Primary language	Secondary language		
Special Educational/Medical Needs			
Custody of the child	Mother	Father	Both
Father's full name			
Date of Birth / CPR no.	Nationality	Occupation	
Daytime contact no.	Mobile no.	Work no.	
Primary language	Secondary language		
Mother's full name			
Date of Birth / CPR no.	Nationality	Occupation	
Daytime contact no.	Mobile no.	Work no.	
Primary language	Secondary language		
Name and address of last school attended			
Grade	Have transcripts been provided?		
Other previous schools attended			
Name	Country	Dates attended	Grade/level
Date signed_____	Parent's signature_____		
Start date	Brother/sister in the school		

Note: Please give a minimum of two months' notice before leaving the school

Bank Details: Handelsbanken Ikast: 7641 1020654