



INTERNATIONAL SCHOOL  
Ikast-Brande

## Visit Request Form

**Date**

---

**Name and date of birth of student**

---

**Name and country of current school**

---

**Current grade level**

---

**Accompanying Parent**

---

**Address**

---

**Phone no**

---

**Email adress**

---

**Suggested meeting time:**

**How do you hear about ISIB:**

**Parents' occupation:**

Visit will be confirmed on receipt of application fee of DKK 500,- (non-refundable)

**Bank Details:**

Handelsbanken Ikast

Account no: 7641 1020654

IBAN: DK6676410001020654

SWIFT: HANDDKKK