



Application for Admission

Grade _____ In the academic year 20___/20___

Applying for the International Bilingual Department: Yes or No

Student's sex: male female

Student's full name: _____

Name student goes by: _____

Student's address: _____

Post Nr. and City: _____

Student's Cpr nr.: _____ - _____ Birthplace: _____

Is the student bilingual? If yes, which other language(s) does the student speak?

Please detail the Danish and English competencies of the student (if applying for the bilingual department)

Mother's full name: _____

Mother's Cpr Nr.: _____

Mother's address (street): _____
(If different from the student)

Post nr. _____ City: _____

Mothers telephone nr. _____ Not listed Work Nr. _____

Cell phone nr. _____ E-mail _____

Father's full name: _____

Father's Cpr nr.: _____

Father's address (street): _____
(If different from the students)

Post nr. _____ City: _____

Father's telephone nr. _____ Not listed Work nr. _____

Cell phone nr. _____ E-mail _____

