



Application for Admission

It is important that all fields are filled out correctly.
The form can be sent in electronically or printed out manually for personal use.

Application for admission for grade and academic year

Grade		Academic year	
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1 INFORMATION ABOUT THE STUDENT

1

Nationality			
CPR/CDR number			
First Name			
Last Name			
Given Name			
Address			
Address			
ZIP Code		City	
Cellphone			

Female Male

The Student is Catholic The Student is a member of the Evangelical
Lutheran Church in Denmark

Other religious orientation

Is the student bilingual? Yes No

If yes, which language(s) are spoken at home?

If the student is applying for admission from 5th grade
or higher please choose one of the following languages : French German

2 INTERNATIONAL BILINGUAL DEPARTMENT

Is the student seeking admission to the International Bilingual Department?

If the student is seeking admission to the International Bilingual Department, please describe the
language levels for the following subjects:

Danish		English	
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3 SFO SKOLEFRITIDSORDNING / AFTER SCHOOL PROGRAM

Would you like to have the student registered for the After School Program?

Yes No

4 STUDENTS MOTHER/GUARDIAN



Nationality			
CPR/CDR number			
First Name			
Last Name			
Address			
Address			
ZIP Code		City	
Home Phone		Cell Phone	
Work Phone			
E-mail			

5 STUDENTS FATHER/GUARDIAN

2

Nationality			
CPR/CDR number			
First Name			
Last Name			
Address			
Address			
ZIP Code		City	
Home Phone		Cell Phone	
Work Phone			
E-mail			

6 ADDITIONAL INFORMATION

Primary Custody of the child: Mother Father Shared

Does the student have any special needs?

Has the student attended Pre School?

Has the student/Is the student currently attending another school?

Name of the Pre School:

Name of the School:

Other siblings that attend or have attended Institut Sankt Joseph?



7 SIGNATURE



The application will be considered complete when the kr. 2000 application fee has been transferred to the school's account 5013-1421708 or paid via the school's website with reference to the student's name and year applying for.

I confirm that I have read the school's mission and values, and as a parent will work together with the school in order to live up to them.

I give permission for my child to be photographed or filmed which may be used internally in the school, with relation to marketing and contact with the press.

Name/Signature

3

PRINT

Print for manual usage

SAVE AND SEND

Send via mail to the school:

Step 1: Select File, select Save As and save the document.

Step 2: Open Your mail program, write a mail to isj@sanktjoseph.dk.

Step 3: Attach the document to the mail and send it.

Or send a copy to:

Institut Sankt Joseph

Dag Hammarskjölds Allé 17

DK-2100 København Ø