



## Application for Summerschool

It is important that all fields are filled out correctly.  
Please make a copy of the form and e-mail to us at [summer@sanktjoseph.dk](mailto:summer@sanktjoseph.dk)

### WEEKS

Week 1: 1/7-5/7 2019

Week 2: 8/7-12/7 2019

### INFORMATION ABOUT THE STUDENT

Nationality	
CPR number	
First Name	
Last Name	
Student's age	

Student of Institut Sankt Joseph? Yes      No      Grade

Female      Male

Does the student speak Danish?      Does the student speak English?

### STUDENT'S MOTHER/GUARDIAN

Nationality	
CPR number	
First Name	
Last Name	
Home Phone	
Work Phone	
E-mail	

### STUDENT'S FATHER/GUARDIAN

Nationality	
CPR number	
First Name	
Last Name	
Home Phone	
Work Phone	
E-mail	

## ADDITIONAL INFORMATION



Primary Custody of the child:    Mother            Father            Shared

Does the student have any special needs?

Does the student have any special dietary requirements?

Once we have received the minimum amount of applications that we require to run the summer school we will then be in contact again to send you payment details.

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

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## SIGNATURE

Name/Signature (printed names is fine)

*Send via mail to the school:*

*Select File, select Save As and save the document.*

*Open Your mail program, write a mail to [summer@sanktjoseph.dk](mailto:summer@sanktjoseph.dk).*

*Attach the document to the mail and send it.*

*Or send a printed copy as an attachment.*

