

# BJØRN'S INTERNATIONAL SCHOOL

APPLICATION **GARTNERIVEJ 5, 2100 COPENHAGEN Ø - DENMARK** PRELIMINARY  
 FORM **kontoret@b-i-s.dk** Phone **+45 39 29 29 37** INFORMATION

*Please note: The submitting of this form does not in any way ensure that a place will be available for your child.  
 Please give as much information about your child as possible; attach a second sheet, if you wish*

**PLEASE USE BLOCK LETTERS**

FULL NAME OF THE CHILD			
DATE OF BIRTH - CPR-NO	SEX	CITIZENSHIP	
ADDRESS - STREET AND NO.			
POSTAL CODE AND TOWN			
MOTHER'S FULL NAME	DATE OF BIRTH - CPR-NO	NATIONALITY	
PHONE + MOBIL PHONE	BUSINESS PHONE	E-MAIL	OCCUPATION
FATHER'S FULL NAME	DATE OF BIRTH - CPR-NO	NATIONALITY	
PHONE + MOBIL PHONE	BUSINESS PHONE	E-MAIL	OCCUPATION
CUSTODY <input type="checkbox"/> COMMON <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER	SIBLINGS ALREADY ENROLLED IN OUR SCHOOL:		
NAME AND ADDRESS OF LAST SCHOOL ATTENDED			
GRADE	IF ANY TRANSCRIPTS ARE AVAILABLE , PLEASE BRING THEM TO SCHOOL		
OTHER PREVIOUS SCHOOLS ATTENDED			
NAME	COUNTRY	DATES ATTENDED	GRADE/LEVEL

Payments from a Danish bank : Danske Bank Regnr. 4180 - Account: 3330 143576  
 Payments from a foreign bank: IBAN Nr. DK 693000 3330 143576 - SWIFT Nr. DABADKKK

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APPLICATION  
FORM

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PRELIMINARY  
INFORMATION

LANGUAGES SPOKEN BY THE STUDENT		LANGUAGES SPOKEN BY THE FAMILY	
ANY SPECIAL REMARKS (ALLERGY, DISEASES OR OTHER)			
WE ARE INTERESTED IN HAVING OUR CHILD ADMITTED IN THE			
<input type="checkbox"/> DANISH SECTION		FROM DATE: _____	
<input type="checkbox"/> ENGLISH SECTION			
DATE SIGNED _____			
MOTHER'S SIGNATURE _____			
DATE SIGNED _____			
FATHER'S SIGNATURE _____			
<b><i>OFFICE USE ONLY</i></b>			
REMARKS:			
DATE OF INTERVIEW: _____		ADMITTED FROM DATE: _____	
CLASS: _____			

REGISTRATION IS VALID WHEN WE HAVE RECEIVED ADMINISTRATION FEE - DKR 100,00

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