

| | | | |
|---|--|-----------------------------|--------|
| SURNAME, FIRST NAME(S) | | DATE OF BIRTH | SEX |
| ADDRESS | | CITIZENSHIP (IF NOT DANISH) | |
| TOWN (POSTCODE) COUNTRY | | | |
| NAME OF PARENT/GUARDIAN | | TELEPHONE | MOBILE |
| MOBILEADDRESS (IF DIFFERENT FROM ABOVE) | | E-MAIL - IMPORTANT | |
| SUMMER ADDRESS (IF DIFFERENT FROM ABOVE) CONTACT ADDR. DENMARK | | | |
| TOWN, POSTCODE, COUNTRY | | TELEPHONE HOME | MOBILE |

Tick in the appropriate box

- I have very little or no knowledge of Danish.
- I understand and can produce simple written and spoken Danish.
- I have satisfactory command of written and spoken Danish for everyday situations.
- I have comprehensive knowledge of the Danish language.

Details of present school

| | | |
|----------------|---------------|-------|
| NAME OF SCHOOL | TOWN, COUNTRY | GRADE |
|----------------|---------------|-------|

Mother tongue/Best language:

Hobbies and interests:

Allergies/Food preferences:

DATE

PUPILS'S SIGNATURE

SIGNATURE OF PARENT/GUARDIAN