



## INITIAL APPLICATION FORM

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| Child's full name  |  |
| Child's Date of Birth  |  |
| Child's gender   |  |
| Danish CPR-number<br>(Civil Registration number)   |  |
| Birthplace/Nationality   |  |
| Current address  |  |
| Current school   |  |
| Current Grade  |  |
| Child's First Language   |  |
| Child's language of instruction (at<br>current School or Kindergarten)                     |  |
| Mother's name, telephone, email<br>and address   |  |
| Mother's job description & work<br>place   |  |
| Father's name, telephone, email<br>and address   |  |
| Father's job description & work<br>place   |  |
| Permission to ride as a passenger in the car of employees: Allowed _____ Not allowed _____ |  |
| Child Custody  | Shared: _____ Mother: _____ Father: _____                  |
| Siblings at Viborg Private Realskole   | Yes: _____ No: _____ Name:                                 |
| Siblings on waiting list at Viborg<br>Private Realskole                                    | Yes: _____ No: _____ Name:                                 |
| Proposed School Start Date   |  |
| Pre-and/or after school activity<br>centre (SFO)<br>(only applicable for ages 5-9)         | Yes: _____ No: _____                                       |
| Moving to Denmark  | Date: _____ Danish Address:<br>Kommune:<br>Home Physician: |