Application for admission to Byens Steiner Skole

1) Information about the student

| Last Name: | All first names: | |
|--|-----------------------------------|--|
| Official Address: | Zip Code: City: | |
| Cpr.nr: | Municipality of residence: | |
| Family home phone: | Private Address (check if yes): □ | |
| Family Email (for receiving invoices): | | |
| Students phone number (if applicable): | Students E-Mail (if applicable): | |
| Application for Grade Level: | Year: Month: International: | |

2) If the student is already attending school please state the current school or kindergarten

| School Name: | Class Level: |
|--------------|--------------|
| Address: | |

Nuværende eller tidligere børnehave/vuggestue

| Nursery / Day Care Name: | |
|--------------------------|--|
| Kindergarten Name: | |

3) Information about parents or legal guardian

| Parents Name: | Parents Name: |
|--|--|
| Occupation: | Occupation: |
| Address (if different from the student): | Address (if different from the student): |
| e-mail: | e-mail: |
| Mobile Phone: | Mobile Phone: |
| Work Telephone: | Work Telephone: |

4) Information about other relatives of the student (e.g. Step Parents, Grandparents or Other)

| Name: | Name: |
|--------------------------|--------------------------|
| Relation to the student: | Relation to the student: |
| Occupation: | Occupation: |
| Address: | Address: |
| e-mail: | e-mail: |
| Mobile Phone: | Mobile Phone: |
| Work Telephone: | Work Telephone: |

5) Oplysninger om evt. søskende på skolen

| Name: | Birth Year: | Grade: |
|-------|-------------|--------|
| Name: | Birth Year: | Grade: |
| Name: | Birth Year: | Grade: |

| 6) why have you chosen Byens Steiner Skole for your child? | | | |
|---|--|--|--|
| 7) What do you think Byens Steiner Skole can offer for yo | our child? | | |
| 8) Describe any previous experience with Steiner education if applicable. When? Where? | | | |
| 9) Has your child received speech therapy or psychologic Yes □ No □ If yes, which municipality/area and if an app | | | |
| Please provide a short description: | | | |
| With our signature, the undersigned authorizes the school Personal Register (CPR), From Pedagogical Psychological Schools or institutions. This signature also implies that images taken in school of materials and PR, also that the student is transported in school events. School Fees are paid for 11 months. School fees are registion fee of 75 DKK per deposit. School fees are to be paid upon the 1st of the month for sent electronically to parents who have registered to pay choose to pay by invoice. Upon termination, we require three months notice from be sent in writing to the office, which will confirm the resistance. | context can be used in the school's informational private vehicles with approved seat belts etc. at stered for PBS, otherwise, there is an administra-which they are due. Notice of payment will be with Betalingsservice and by mail to those who in the 1st of the upcoming month. The notice must | | |
| We declare that we are familiar with the school's regulation support the school and will contribute to parental work deschool's payment and fee rules and are aware that we must the newsletters sent out and on the school's website. | ays, school cleaning, etc. We are familiar with the | | |
| Date: D | ate: | | |