



KOCHS SKOLE
 INTERNATIONAL DEPARTMENT
 Skt. Johannes Allé 4
 DK-8000 Århus C
 Denmark
 Tlf.: +45 8732 1999
 at@kochs.dk
 www.kochs.dk/international

APPLICATION / REGISTRATION FORM – FORM II

Please have personnel at the school last attended by your child fill out this form and return to the address on page 3.

Student Name:			
Date of birth (DD/MM/YYYY):			
Last Grade / Level Completed:		Current Grade / Level:	

School:			
Address:			
Phone Number:		E-Mail:	
Contact Person:		Position:	

Student's Entrance Date at Your School:	
Student's First Language/Home Language:	
Language of Instruction at School:	
Second Language Studied at School:	

Achievement - Please rate the student in the following areas by circling the appropriate number:

Subject		Below Average		Average		Above Average		Not Applicable
Math	Computation	1	2	3	4	5		
	Problem Solving	1	2	3	4	5		
Language (of instruction)	Reading	1	2	3	4	5		
	Written Language	1	2	3	4	5		
Science		1	2	3	4	5		
Social Studies/Humanities		1	2	3	4	5		
Second Language		1	2	3	4	5		



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Effort - Please rate the student in the following areas by circling the appropriate number:

	Needs Improvement		Satisfactory		Excellent	
Work Completion	1	2	3	4	5	
Homework Completion	1	2	3	4	5	
Organization of Work and Materials	1	2	3	4	5	
Attention and Class Participation	1	2	3	4	5	
Ability to Work Independently	1	2	3	4	5	
Ability to work Cooperatively in a Group	1	2	3	4	5	
Social Skills	1	2	3	4	5	
Involvement in School Community (Extracurricular activities)	1	2	3	4	5	

Proficiency with the English language - Please rate the student by circling the appropriate number:

ENGLISH	Fluent			Fluent	
Speaking	1	2	3	4	
Listening	1	2	3	4	
Reading	1	2	3	4	
Writing	1	2	3	4	

Special needs - Please indicate which support/services the student has received at your school and attach appropriate documentation:

Learning Assistance	
ESL	
Counselling	

Resource Support	
Speech/Language	
Psycho-educational Assessment	

Tutoring	
Differentiated Curriculum/Assessment	
Other	



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Any additional comments/Information about the student:

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Date:		School Stamp:
Signature:		
Name:		
Position:		

Please return the form to our Head of The International Department:

Mr. Anders Søndergaard Terp, email: at@kochs.dk

**KOCHS SKOLE
Head of Kochs International
ATT: Mr. Anders Søndergaard Terp**

Sankt Johannes Allé 4,
8000 Aarhus C
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