

KOCHS INTERNATIONAL

APPLICATION 7 REGISTRATION FORM – FORM 1

Please complete all sections of this form (in block capitals) and return it to the school at the address on the bottom of the form.

Desired starting date: _____ 20_____

Applicant:

Family name: _____

First Name(s): _____

Date of birth (dd/mm/yyyy): _____ Sex: _____

Nationality: _____

DK Address: _____

Post Code: _____ Town: _____

DK-Commune: _____ DK-Telephone: _____

CPR Number: _____

Home E-mail: _____

Expected duration of stay at Kochs International: _____

If your child does not hold a Danish CPR Number, are you planning that he/she will? **Yes/No**

Home Address: _____

Country: _____ Home telephone: _____

Father or Guardian:

Name: _____

Nationality: _____

Profession/Title: _____

Company/employer: _____

Address of company/employer: _____

Office Telephone: _____

Office Fax: _____

Cell Phone: _____

CPR Number: _____

Mother or Guardian:

Name: _____

Nationality: _____

Profession/Title: _____

Company/employer: _____

Address of company/employer: _____

Office Telephone: _____

Office Fax: _____

Cell Phone: _____

CPR Number: _____

Name and age of siblings in the family: _____

School/preschool in which siblings are enrolled: _____

KOCHS INTERNATIONAL



Please list previous schools attended by the applicant, beginning with the most recent one:

- 1) Name of school: _____
Address/Country: _____
Language of instruction: _____ Grades/Forms: _____
- 2) Name of school: _____
Address/Country: _____
Language of instruction: _____ Grades/Forms: _____

Total years of school completed including Pre-School and Kindergarten: _____

Family Language/Mother Tongue: _____ Most fluent language: _____

Other languages spoken: _____

Number of years studying the English language: _____

Number of years studying the Danish language: _____

Has the applicant any medical conditions the school should be aware of? **No/Yes**

If yes, which medical conditions? _____

Any allergies? **No/Yes**. If yes, which allergies? _____

Any physical limitations? **No/Yes**. If yes, which physical limitations? _____

Has the applicant ever been evaluated by a special needs teacher or psychologist? **No/Yes**.

What was the outcome of the evaluation? _____

What special services were recommended? _____

Has the applicant ever repeated a grade? _____

Has the applicant ever been double promoted/skipped a grade? _____

Has the applicant ever been recognised as gifted and /or talented? _____

If so, please describe any special programmes he/she has had to meet these needs?

How many years has the applicant lived in Denmark? _____

How many years has the family lived in Denmark? _____

From what source did you first hear of Kochs International? _____

Your reason to attend Kochs International? _____

School bills will be paid by (name and address): _____

I/we recognise and accept that the school does not have an insurance to cover our child or our child's belongings during school hours. Any property damage incurred in school must be covered by family insurance.

Full registration will include a personal interview and return of Form II and latest current student report.

Please note: Reception students must have attained the age of 5 years before October 1st.

School Directory: Information on these forms will be held in strict confidence.

(yes/no) We give permission to have our names, address, home telephone number and e-mail address entered in the Kochs International School Directory for use by school employees and parents only.

School Photographs/Interviews

(yes/no) We give permission for photographs taken of our child at school to be published for example on our website and our Facebook page.

(yes/no) We give permission for our child to be interviewed by a journalist during the school year

Transportation

(yes/no) We hereby give our permission for our child to participate in field trips and travel with public transportation

(yes/no) We hereby give our permission for our child to travel in private automobiles

We also ask that you supply the school with:

- A completed copy of the APPLICATION/REGISTRATION FORM I – a separate application/registration form must be submitted for each child
- A completed copy of the SCHOOL INFORMATION FORM II
- Copies of the child's grades, test and school records
- A copy of the child's current immunization certificate/record card
- A recent passport sized photograph
- A copy of the child's CPR-card

Withdrawal of a student from Kochs International:

It is required that you complete and return our withdrawal form to the office. Our terms for withdrawal are 60 days from the end of the current month calculated from the date we receive the withdrawal form.

The undersigned consent to the above:

Date & Place:

Signature(s):

Please return the form to Kochs Skole at: kochs@kochs.dk