

BOARDING APPLICATION FORM VIBORG KATEDRALSKOLE (VK)

<i>For Office use only</i>	Term	Year	Registration
Pupil details			
Pupil's Surname		Forename/s	
Name on Birth Certificate <i>If different from above</i>			
Date of Birth		Nationality	
Town and Country of birth			
<input type="checkbox"/> Male <input type="checkbox"/> Female	First language		
Siblings attending VK			
Siblings not attending VK <i>Please give age/gender</i>			

Parent/Guardian details			
Name of Parent/s or Guardian		Title: Mr/Mrs/Miss/Ms	
Relationship to pupil			
Address			
	Postcode		
Pupil's address if different			
Parent/Guardian email			
<i>If parents are separated/divorced, please give details of custody arrangements and visiting rights:</i>			
Telephone Numbers	Home		Mobile

Present school details			
School name			
Address			
School email			
School telephone number		School fax number	
Reason for leaving			
Intended start date		Current school year class	

Previous schools	Dates	
	From	To

Medical history

Please give details of any relevant health or emotional problems that may affect your child's schooling, including allergies, phobias or dietary needs:

Has your child attended a boarding school before?

Yes

No

Additional information

Is there any other relevant information you wish to give us?

How did you hear about us?

Internet search Current school VK Parent Friend Press Advertisement Press article Other

Authorisation

The information given is correct to the best of my knowledge. I recognise that the school has a Duty of Care to my child and to other children at the school. With this Duty of Care in mind, I have provided all relevant information to enable the school to make an informed decision in response to this application.

Signature

Print name

Date

Please forward this completed form to

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