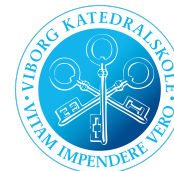




# BOARDING APPLICATION FORM VIBORG KATEDRALSKOLE



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

<b>1. Parent/Guardian details</b>				
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>				
<b>Telephone Numbers</b>	Home		Mobile	

<b>2. Parent/Guardian details</b>				
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>				
<b>Telephone Numbers</b>	Home		Mobile	

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

<b>Previous schools</b>	<b>Dates</b>	
	From	To

<b>Medical history</b>		
<i>Please give details of any relevant health or emotional problems that may affect your child's schooling, including allergies, phobias or dietary needs:</i>		
Has your child attended a boarding school before?	Yes	No

<b>Additional information</b>
<i>Is there any other relevant information you wish to give us?</i>

<b>How did you hear about us?</b>
<div style="display: flex; justify-content: space-around; padding: 5px;"> <span>Internet search</span> <span>Current school</span> <span>VK Parent</span> <span>Friend</span> <span>Press Advertisement</span> <span>Press article</span> <span>Other</span> </div>

**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

Viborg Katedralskole  
Gl. Skivevej 2  
8800 Viborg

Tel + 45 86620655  
Email [vibkat@vibkat.dk](mailto:vibkat@vibkat.dk)