

Hørsholm International School

The International Department of NGG

Cirkelhuset

Christianshusvej 16 • DK 2970 Hørsholm
Denmark



August, 2009

Dear Parents,

At the start of each school year there are a number of forms that we ask all parents to complete and submit to us for our school records:

1. Family Personal Data: It is very important that this information is always up-to-date and on hand in the front office in case we need to contact you quickly. Please complete the form as fully as possible. If you completed this form last year and no details (including phone numbers) have changed please sign and date the form anyway and clearly write "No changes" next to your signature. If any data has changed complete the appropriate section of the form and sign and date it. If in doubt, complete the whole form anyway.
2. Transportation Form: In order that your child can attend class field trips we need your agreement that they can travel by public transport or other parents' cars. Without this form your child may not go on a trip that involves using some kind of transport system.
3. Update Allergy/Medication Form: If there are no changes on the form handed out last year please sign and date the form and clearly write "no changes". New families will fill in the whole form.

All information is on the website www.his.dk and is regularly updated. Please make a point of using the website as your first source of school information.

Many thanks in advance for your cooperation with this. Please hand in completed forms to the Front Office as soon as possible.

With Kind Regards

Jan Thrane
Principal

Hørsholm International School

The International Department of NGG

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Dear family,

To be sure the information HIS has on the students is correct, we kindly ask you to complete this form and hand it back to your child's class teacher or to the HIS office as soon as possible

Family name:	_____	First name(s):	_____
In grade:	_____	Sex:	_____
Date of birth:	_____		
Nationality:	_____		
DK-Address:	_____		
Post Code:	_____	Town:	_____
DK-Commune:	_____	DK-Telephone:	_____
CPR Number:	_____	Family E-mail:	_____

Father or Guardian:

Mother or Guardian:

Name:	_____	Name:	_____
Nationality:	_____	Nationality:	_____
Profession/Title:	_____	Profession/Title:	_____
Company/employer:	_____	Company/employer:	_____
Office Telephone:	_____	Office Telephone:	_____
Office Fax:	_____	Office Fax:	_____
Mobile:	_____	Mobile:	_____

Name and age of siblings in the family: _____

Name of brothers/sisters enrolled at HIS: _____

Date: _____ Signature: _____

Thank you for your co-operation!

Updating Data HIS August 2009

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August 2009

Dear HIS Parents,

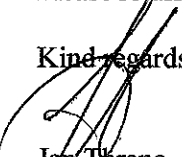
We are updating our files and would ask you all to please fill out the form below indicating any allergies your child has and/or medications required. Please list the allergies. Further, please inform us if these medications must be refrigerated/or updated.

If your child requires an EpiPen, we ask that one be given to the school office so it is available to all teachers in an emergency. The class teacher will take the pen with her/him on school outings.

Please note, it is parents' responsibility to inform class parents about allergies in the case of private birthday parties/events.

Please return the below slip by Friday, August 28, 2009.

Kind regards,


Jan Thrane

Update Allergy/Medication – August 2009

Child's Name _____

Class _____

My child is allergic to the following - please list _____

Treatment required is: _____

In the case my child requires an EpiPen one has been given to the school office:
YES NO (please circle)

Medication required by my child: _____

Refrigeration needed: YES NO (please circle)

The class teacher has been informed
and the medication has been given
to the class teacher:

YES NO (please circle)

Date _____

Parent Signature _____

Office Signature _____

Class Teacher Signature _____

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Transportation Permission Form

I hereby give my permission for my child can go on excursions/outings and can be transported by public transport and /or by private car arranged by Hørsholm International School during the school year 2009/10.

Student's name: _____

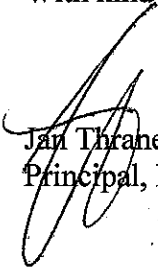
Grade: _____

Date

Parents signature

Thank you for your co-operation!

With kind regards,


Jan Thrane
Principal, HIS/NGG

Transportation Permission/Aug 2009