

# Nyborg Gymnasium



**Application for pre-IB  
for students who do not come directly from the Danish  
“Folkeskole”**

**Applicant’s  
name and address**

Name:

\_\_\_\_\_  
“Personnummer” (Date of birth):

\_\_\_\_\_  
Street and number:

\_\_\_\_\_  
Zip code/town/country:

\_\_\_\_\_  
Telephone:

Fax:

E-mail:  
\_\_\_\_\_

**Parents’/guardian’s  
names and addresses**

**Mother’s/guardian’s name:**

\_\_\_\_\_  
“Personnummer” (Date of birth):

\_\_\_\_\_  
Street and number:

\_\_\_\_\_  
Zip code/town/country:

\_\_\_\_\_  
Telephone:

Fax:

E-mail:  
\_\_\_\_\_

**Father’s/guardian’s name:**

\_\_\_\_\_  
“Personnummer” (Date of birth):

\_\_\_\_\_  
Street and number:

\_\_\_\_\_  
Zip code/town/country:

\_\_\_\_\_  
Telephone:

Fax:

E-mail:  
\_\_\_\_\_



**I apply for:**

pre-IB

Danish as best language

Danish as second or foreign language  Previous knowledge (length of time) \_\_\_\_\_

---

**Besides English I choose one of the following languages:**

Continuation Language (i.e. studied 2-3 years previously) German

Beginners Language (i.e. not studied previously) Spanish

Beginners Language (i.e. not studied previously) French

---

**Please, enclose a copy of the student's "sygesikringsbevis"/passport and please enclose as much documentation from previous schools as possible. We would also like you to write briefly why you want to be admitted to the pre-IB class.**

Enclosed \_\_\_\_\_ copies.

---

Applicant's signature: \_\_\_\_\_

Parent's/guardian's signature: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Year: \_\_\_\_\_

---

**Deadline: 15 March.**

Later applications may be considered if the maximum number of students is not exceeded.

**Application to be sent to:**

**Rektor Hanne Josephsen**

**Nyborg Gymnasium**

**Skolebakken 13**

**DK-5800 Nyborg**

**Denmark**

