**Green Student House
Application Form 2025-26

STUDENT**

|  |  |
| --- | --- |
| Surname: | Cpr.no. (date of birth): *(applicant must be 15 years old)* |
| First name(s): | Nationality: | Sex: Male □ Female □ |
| Street: |
| Postal code, city, country: |
| Phone: | E-mail: |
| Please indicate your programme of study: Pre-IB □ IB □ |

**PARENTS/GUARDIANS**

|  |  |
| --- | --- |
| Surname: | Cpr.no. (date of birth): |
| First name(s): | Nationality: |
| Street: |
| Postal code, city, country: |
| Phone: | E-mail: |

**TYPES OF ROOMS**

|  |  |  |  |
| --- | --- | --- | --- |
| **All rooms include shared kitchen, common area and outside terrace**  | **Rent per month, including utilities** | **Deposit\*** | **Mark your priorities (1, 2)** |
| Room with shared bathroom | 3.870 DKK | 11.800 DKK |  |
| Room including private bathroom and walk-in closet | 4.320 DKK | 13.600 DKK |  |
| \*Please note that a sign-up fee of DKK 3.000 must be paid to secure the room.The fee is non-refundable. |

**Please note that all amounts are subject to change.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date Applicant’s/ Guardian’s signature

 **AMENITIES INCLUDED:**

* The room is furnished.
* A bike is available for all tenants for as long as you study at Ikast-Brande Gymnasium and live at the student residence. **A deposit is required.**

When the form as been filled out, please email to Ikast-Brande Gymnasium at ig@ikast-gym.dk
We will send you a confirmation email, in which we confirm that a room has been reserved.

**Meal Plan**

**MEAL PLAN**

|  |  |
| --- | --- |
| **Meal plan** | **Price** |
| Meal plan including hot meal for lunch and cold meal for dinner Monday to Friday. We can accommodate all dietary restrictions. | 1.300 DKK per month |
| I wish to be part of the meal planYes □ No □ | Special dietary restrictions: |

**STUDENT**

|  |  |
| --- | --- |
| Surname: | Cpr.no. (date of birth): *(applicant must be 15 years old)* |
| First name(s): | Nationality: | Sex: Male □ Female □ |
| Street: |
| Postal code, city, country: |
| Phone: | E-mail: |

**PARENTS/GUARDIANS**

|  |  |
| --- | --- |
| Surname: | Cpr.no.(date of birth): |
| First name(s): | Nationality: |
| Street: |
| Postal code, city, country: |
| Phone: | E-mail: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date Applicant’s/ Guardian’s signature

I agree to the meal plan conditions as outlined on [www.ikast-gym.dk](http://www.ikast-gym.dk)

**Please note that all amounts are subject to change.**