**IBG Dorms - Application Form 2024-25  
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 □ STX □ HF □ | | |

**PARENTS/GUARDIANS**

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

**TYPES OF ROOMS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Private room excluding private bathroom and mini kitchen** | **Rent per month, excluding utilities (see website for additional costs)** | **Utilities**  **(incl. maintenance fee)** | **Deposit\*\*** | **Mark at least two priorities (1, 2, etc.)** |
| 23 m2 | 1.946 DKK | 1.031 DKK | 7.150 DKK |  |
| 28 m2 | 2.360 DKK | 1.031 DKK | 8.700 DKK |  |
| **Private room, including private bathroom and mini kitchen\*** |  |  |  |  |
| 35 m2 | 2.964 DKK | 1.031 DKK | 10.850 DKK |  |
| 37 m2 | 3.129 DKK | 1.031 DKK | 11.500 DKK |  |
| 38 m2 | 3.214 DKK | 1.031 DKK | 11.800 DKK |  |
| 41 m2 | 3.464 DKK | 1.031 DKK | 12.700 DKK |  |
| ***\*****You may apply for a government rent deduction (boligsikring) for these types of room, lowering the rent per month with 200-300 DKK (exact deduction dependent on income).*  ***\*\****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. *37 m2 / 38 m2/ 41 m2****: May be rented as an individual or as a pair. Should you decide to share this room with a friend, please indicate both names on the application form as you will both be signing the rental contract.*

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Date Applicant’s/ Guardian’s signature

**IN CASE OF A SHARED ROOM  
(TO BE FILLED IN BY THE STUDENT YOU WISH TO SHARE A ROOM WITH)**

**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: |

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Date Applicant’s/ Guardian’s signature

**AMENITIES INCLUDED:**

* The room is furnished with a desk, a desk chair, a lamp and a bed, as well as a built-in closet.

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

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

**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 pr. month |
| I wish to be part of the meal plan  Yes □ 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**

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| Surname: | Cpr.no.(date of birth): |
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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.**