



DEPOSIT REFUND FORM

Please return the completed form to the reception two days before your child's last day of school.

Student name: _____ Class: _____

The following signatures are required in order to receive a refund of the school deposit:

BOOKS FROM THE LIBRARY RETURNED

..... Date.....
(Signature Librarian)

ACCESS TAG(S) RETURNED

..... Date.....
(Signature Administration/Reception)

MACBOOK RETURNED (only for DP 2 students)

..... Date.....
(Signature Principal)

SCHOOL FEES PAID

..... Date.....
(Signature Accountant)

Please select one of the following options:

My employer should receive the refund.

_____ (company name) _____ (company mail address)

The deposit should be transferred to the following Danish bank account:

Reg. Nr: _____ Account Number: _____

The deposit should be transferred to the following foreign account (all bank fees will be paid by the receiver):

Bank name: _____ Bank Address: _____

BIC: _____ IBAN: _____