

Skagerak Kindergarten
APPLICATION FORM
for start date _____

Student Information

Student surname		First name(s)	
Street Address		Male / Female	
Postal Code	Town	Date of birth	
		Personal number	
Council / County (Kommune / Fylke)		Nationality	
Home phone		2 nd Nationality	

Language Background / Educational Experience

Languages spoken at home	Child's Mother Tongue	Languages spoken fluently by the child
Permission to contact previous kindergartens to acquire background educational information: Yes No	Other information about the child's language background	
Current kindergarten/Grade level	Previous kindergarten experience Name of kindergarten, Years attended etc	
Interests		
How did you hear about Skagerak Kindergarten?		

Please turn over



Parent / Guardian Information

Mother

Surname		First name(s)
Street Address		Email
Postal Code	Town	Mobile number
Council / County (<i>Kommune / Fylke</i>)		Home phone number

Father

Surname		First name(s)
Street Address		Email
Postal Code	Town	Mobile number
Council / County (<i>Kommune / Fylke</i>)		Home phone number

Siblings (<i>søsken</i>) names and ages

Additional information

Please provide any other information that may assist the admissions process eg. arrival dates in Sandefjord.
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Signed

Date

Office Use Only: Received
cnh/0212 Contract signed

Acknowledged
Start Date

Interview date
Class Level



Skagerak International School

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