

APPLICATION FORM

for start date _____

Student Information

Student surname		First name(s)
Street Address		Male / Female
Postal Code	Town	Date of birth
		Home phone
Council / County (<i>Kommune / Fylke</i>)		Student mobile
Child's mother tongue		Student email
Current school		Current grade level

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

Please turn over: 1/2



Skagerak International School

Framnesveien 7, 3222 Sandefjord Norway, tel: +47 33 45 65 00, fax: +47 33 45 65 01, admin@skagerak.org, www.skagerak.org

PRIMARY SCHOOL / MIDDLE SCHOOL

Father

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

Siblings (søsken) names and ages and if they have attended SIS previously or at present

Signed

Date

Office use only

Received	
Acknowledged	
Offer sent	
Meeting date	
Meeting contact	
Contract signed	
Start date	
Class level	

2/2



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