

APPLICATION FORM

Fagerhaug International School



INTERNATIONAL SCHOOL

THE CHILD:

Name: _____ girl / boy

Date of birth: (D/M/Y) _____

Address: _____

Postal code: _____

Place: _____

Grade: _____

Start date: _____

Former school: _____

Language(s): _____

Fagerhaug International School

Postboks 4
7510 Skatval

Tlf: 74 84 07 70

post@fagerhaugoppvekst.no
www.fagerhaugoppvekst.no

Org. nr:
NO 997 260 864 MVA

FAMILY:

Mother:

Address: _____

Phone no: _____

e-mail: _____

Father:

Address: _____

Phone no: _____

e-mail _____

Siblings:

Year of birth:

Date: _____

Parents signature: _____

Office use:

Svar dato: _____

Kommune: _____

Kundenr: _____

Buss: _____