



**Fagerhaug**  
international  
school

**Fagerhaug International School**

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# APPLICATION FORM

## Fagerhaug International School

### THE CHILD:

Name: \_\_\_\_\_ girl / boy

Date of birth: (D/M/Y) \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Grade: \_\_\_\_\_ Start date: \_\_\_\_\_

Former school: \_\_\_\_\_

Language(s): \_\_\_\_\_

### FAMILY:

#### Mother:

Address: \_\_\_\_\_

Phone no: \_\_\_\_\_ e-mail: \_\_\_\_\_

#### Father:

Address: \_\_\_\_\_

Phone no: \_\_\_\_\_ e-mail \_\_\_\_\_

#### Siblings:

Year of birth:

Siblings:	Year of birth:
_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_

Parents signature: \_\_\_\_\_

Office use:

Svar dato:

Kommune:

Kundenr:

Buss: