



AFTER SCHOOL CARE APPLICATION FORM

APPLICANT INFORMATION

| | | | |
|-------------|----------------------------|------------|---|
| Family name | Middle name | First name | Date of Birth/Norwegian ID digits |
| Language | Language(s) spoken at home | | <input type="checkbox"/> Male <input type="checkbox"/> Female |

PARENT (recipient of letters and invoices)

| | | | |
|-------------|------------|-----------------------------------|-------------------|
| Family name | First name | Date of Birth/Norwegian ID digits | Telephone work |
| Address | Zip code | City | Telephone private |
| E-mail | | | Mobile phone |

PARENT

| | | | |
|-------------|--|-----------------------------------|-------------------|
| Family name | First name | Date of Birth/Norwegian ID digits | Telephone work |
| Address | Zip code | City | Telephone private |
| E-mail | Does both parents want to receive letters? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Mobile phone |

REQUESTS

| | | |
|---|----------|---|
| Proposed starting date | Duration | <input type="checkbox"/> Full time <input type="checkbox"/> Half time |
| Name of School: | | |
| Does the child have special needs (Please confer the admission criteria) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please clarify the type of special needs: | | |
| | | |
| Is the child currently in after school care? If yes, please write the name of the school | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

SIGNATURE

| | | |
|----------------|------------------|------------------|
| City and date: | Signature father | Signature mother |
|----------------|------------------|------------------|