



# Manglerud skole, International Classes

Application for Admission Manglerud Skole, International Classes

**Application deadline 1 March 2017**

Send completed application form to:

**Manglerud skole, International Classes**

Plogveien 22

N-0681 Oslo

Norway

Epost: manglerud@ude.oslo.kommune.no

Telefon: + 47 22757310

## Admission Requirements

In order to process your application we will require the following documents:

- Completed and signed application form
- For entry in Grade 1, a letter from parents stating the child's motivation and the family's incentive for the application to the programme
- For entry in Grade 2, 3, 4, 5, a letter of recommendation from previous home room teacher/counsellor/Principal should accompany the application
- A copy of Certificate of Residence to confirm your address in Oslo (To be obtained from The Norwegian Tax Administration, at [www.skatteetaten.no](http://www.skatteetaten.no))
- And, if applicable, a proof of temporary residence in Oslo in the form of a letter from employer etc.

## Applicant information – please write clearly

Family name	First name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth _____ Day    Month    Year    Norwegian ID digits	Nationality	Language(s) spoken at home
Address in Oslo	Current class or grade	Other language(s) spoken
Proposed starting date	Anticipated length of stay at Manglerud	

Other; allergies

Hobbies/interests

**Present School or Kindergarten**

Full name of school or kindergarten	Postal address	Telephone number
Date started	Date of departure	Present class
Name of principal	Type of curriculum	

**Previously Attended Schools**

Name of school	Address	Grade levels attended
Name of school	Address	Grade levels attended

**Parental Comments on Applicant**

Please indicate areas where you feel your child excels	Please indicate your child's level of English	Please indicate your child's level of Norwegian	Please indicate areas where you feel your child needs to improve
	<input type="checkbox"/> Beginner	<input type="checkbox"/> Beginner	
	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate	
	<input type="checkbox"/> Advanced	<input type="checkbox"/> Advanced	

**Does your child have any special needs?** ☐ Yes ☐ No **If yes, please fill in the box below**

Please clarify the type of special needs
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**Father**

Family name	First name	Current address
Current telephone	Current fax	Current email
Name of employer	Telephone of employer	Address of employer

**Mother**

Family name	First name	Current address
Current telephone	Current fax	Current email
Name of employer	Telephone of employer	Address of employer

**Siblings**

Name	Age
Name	Age
Name	Age

**After School Care**

Does your child require after-school care\* (Grades 1-4)? ☐ Yes ☐ No

**Signature**

\_\_\_\_\_  
Place                      Date                      Signature mother                      Signature father

\*please complete a separate application form