



School application form (2nd - 7th grade)

CONFIDENTIAL

Students social security no.:

Gender :
M F

Students first name: _____

Students surname: _____

Address: _____ Zip code/City: _____

Is the student registered at the address given: Yes No

Siblings at school (Birth number): _____

Starting date:

Mothers social security no

Mothers first name: _____

Mothers surname: _____

Address: _____ Zip code/City: _____

Cell phone number: _____ E-mail: _____

Fathers social security no

Fathers first name: _____

Fathers surname: _____

Address: _____ Zip code/City: _____

Cell phone number: _____ E-mail: _____

If only one parent is mentioned above, or one of the parents has a different address than the student, please answer the following:

Joint custody

If joint custody, visitation percentage Mother _____ % Father _____ %

Mother custody

Father custody

Reason for change of school:

Have you applied other schools? _____

Which school is preferred? _____

Approval of transfer of student folder to new school? Yes No

Are you applying the After school Activity Programme (1st - 4th grade)? Yes No

I/we confirm that the information in the form is correct:

Place / Date

Parental signature

Parental signature

Please send the Application form as an attachment to:

e-mail:
postmottak@ude.oslo.kommune.no
(Att: Skøyen skole, in the subject field)

Mail:
Oslo kommune Utdanningsetaten
Skøyen skole
Postboks 6127 Etterstad
0602 Oslo