Ruseløkka skole



School application 1st – 10th grade
Students social security no:
Gender: M F
Students first name:
Students surname:
Adress:
Zip code: City:
Is the student registred at the address given:
Student's mother tongue:
Siblings at school (Name and birth number):
Current school:
Starting date:

1. Parents social security no:				
Parents first name:				
Parents surname:				
Adress:				
Zip code: City:				
Cell phone no: E-mail:				
2. Parents social security no:				
Parents first name:				
Parents sur name:				
Adress:				
Zip code: City:				
Cell phone no: E-mail:				
If only one parents is mentioned above, or one of the parents has a different address than the student, please answer the following: Joint custody				
If joint costody, visitation percentage (1)% (2)%				
Custody alone				
Custody alone				

Reason for change of school:				
Have you applied other schools?				
Which school is preferred?				
Approval of transfer of student fold	er to new shool?	Yes	No	
Are you applying the After school Ac Programe? (1st-4th grade)	ctivity	Yes	No	
Apply for the After school Activity F www.oslo.kommune.no/skole-og-ut		sskolen/		
I/we confirm that the information in	the form is corre	ect:		
Place / date				
Parental signature	Parental signatu	ıre		

Please send the Application form as an attachment to: E-mail: postmottak@ude.oslo.kommune.no (Att:Ruseløkka skole,in the subject field) Mail: Oslo kommune Utdanningsetaten

Ruseløkka skole, Postboks 6127 Etterstad, 0602 Oslo