

REPLY FOR KINDERGARDEN IN LENVIK KOMMUNE

REPLYNUMBER

Child	Name:		girl <input type="checkbox"/>	Number of birth		
			boy <input type="checkbox"/>			
	Adress:		Postnr.	City/place		
Nasjionality:			Language			
Parents	Mothers name:			Number of birth		
	Adress:		Postnr.	City/place		
	Place of work/education:	Telefone work/eduk:	Telefone private	Mobile number		
	Fathers name:			Fødselsnr. (11 siffer må fylles ut)		
Adress:		Postnr.	City/place			
Place of work/education:	Telefone work/edukkat:	Telefone private	Mobile number			
Request of kindergarden	Kindergarden 1:		Kindergarden 2:		Kindergarden 3:	
	<input type="checkbox"/> 100%	<input type="checkbox"/> 80%	<input type="checkbox"/> 70%	<input type="checkbox"/> 60%	<input type="checkbox"/> 50%	<input type="checkbox"/> 40%
Sted:		Dato:	Underskrift av foresatt / betalers navn:			

Other information:

Send the request to: Lenvik kommune, Postboks 602, 9306 Finnsnes