



REPLY FOR KINDERGARDEN IN LENVIK KOMMUNE

REPLYNUMBER

Child	Name:		girl <input type="checkbox"/>	Number of birth			
			boy <input type="checkbox"/>				
	Adress:		Postnr.	City/place			
Nasjonality:		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:		
Size of weekly stay	<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
Lenvik kommune, 27.01.11