



AFTER SCHOOL CARE PROGRAM (ASCP)

APPLICATION FORM 2021/2022

PERSONAL INFORMATION	
Family name	First & middle name
Gender (male/female)	Date of birth

Legal guardian 1		Relationship to the child
Family name	First & middle name	
Address		Zip code
		City
Home number	Mobile number	Email address
Legal guardian 2		Relationship to the child
Family name	First & middle name	
Address		Zip code
		City
Home number	Mobile number	Email address

FEES (Tick your choice below)					
Full-time (more than 12 hours pr week)		Part-time (up to 12 hours pr week)		Single days	
3212 NOK		2171 NOK		350 NOK	

The allocated space in the ASCP can be terminated with 1 month of period of notice from the 1st of the following month. The withdrawal shall be made in writing to the Head of the ASCP and the school principal. See ASCP Statues for more information.

We hereby confirm that the information is correct and that we are familiar with the ASCP withdrawal procedure and ASCP fees.

Place and date	Signature
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Admitted

Yes

No

Date

Kamil Koc
Principal