

Office Use Only	Date
Received	
Acknowledged	
Interview	
Start Date	
Class Level	

Arendal International School

Serviceboks 650,
N-4809 Arendal
NORWAY
Phone: + 47 370 55100 (+47 45423643)
Fax + 47 370155101
Email: post@aischool.no

APPLICATION FORM

Student Information

Surname		First name(s)	
Street Address		Male / Female	
Postal Code	Town	Date of birth	
		Personal number	
Council / County (Kommune / Fylke)		Nationality	
Home phone		2nd Nationality	
Student mobile		Student e-mail	

Language Background / Educational Experience

Languages spoken at home	Child's Mother Tongue	Languages spoken fluently by the child
Child can conduct a conversation in English Yes No		Other information about the child's language background
Current School Grade / Class		Previous School Experience Name of school, Years attended etc

Why do you choose to apply to Arendal International School?

Parent/Guardian Information

Mother

Surname		First name(s)	
Street Address		Occupation	
Postal Code	Town	Employer	
Council / County (Kommune / Fylke)		Business address	
Home phone			
Home e-mail		Business phone	
		Business fax	
Mobile number		Business e-mail	

Father

Surname		First name(s)	
Street Address		Occupation	
Postal Code	Town	Employer	
Council / County (Kommune / Fylke)		Business address	
Home phone			
Home e-mail		Business phone	
		Business fax	
Mobile number		Business e-mail	

Siblings (søsken) names and ages

Permission to contact previous schools to acquire background educational information	
Yes	No
Family name, phone number and email may be published on a class list that will be distributed to parents of the school	
Yes	No

We have been in contact with the school regarding total number of students and enrolment of our child/children	Yes	No	Date
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Signed

Date