



Skytebaneveien 3

4809 Arendal

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REGISTRATION FORM - NORWEGIAN LESSONS

BEGINNER ADVANCED DAY CLASS EVENING CLASS ONCE A WEEK
 EVENING CLASS TWICE A WEEK

BEGINS: DATE: _____ CLASS: _____

PERSONAL DATA:

FIRST NAME:		ADDRESS:	
FAMILY NAME:			
PERSONAL NO:		POSTAL CODE:	
DUF-NO:		PLACE:	
SEX:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	TELEPHONE.:	
NATIONALITY:		ARRIVAL TO NORWAY:	
E-MAIL:		PAYING STUD.:	KR:
		DEADLINE:	DATE:

STATUS:

NIR R/D <input type="checkbox"/>	NIR RIGHT <input type="checkbox"/>	NIR DUTY <input type="checkbox"/>	ASYLUM SEEKER <input type="checkbox"/>	IMMIGRANT WORKER <input type="checkbox"/>	INTRO <input type="checkbox"/>
OTHER:					

LANGUAGES:

MOTHER TOUNGE:	WRITES: <input type="checkbox"/> YES <input type="checkbox"/> NO	READS: <input type="checkbox"/> YES <input type="checkbox"/> NO	YEARS AT SCHOOL:	LAT. ALPHABETH.: <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER LANGUAGES:				
50 l. social studies:	language 1:	language 2:	language 3:	

PREVIOUS NORWEGIAN LESSONS: YES NO

BOOK:	WHEN:	NO. OF LESSONS/ MONTHS:
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ADDITIONAL INFORMATION:

DATE: _____

REG. RECEIVED BY: _____