



## Repatriation declaration, Aktivitetsskolen Bestum

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Second contacts: \_\_\_\_\_

Phone: \_\_\_\_\_ (mother) \_\_\_\_\_ (father)

e-mail (use capital letters): \_\_\_\_\_ (mother)

\_\_\_\_\_ (father)

### If the child is going to go home on schedule, enter the time your child will be going home:

Mondays: \_\_\_\_\_ Other information: \_\_\_\_\_

Tuesdays: \_\_\_\_\_ Other information: \_\_\_\_\_

Wednesdays: \_\_\_\_\_ Other information: \_\_\_\_\_

Thursdays: \_\_\_\_\_ Other information: \_\_\_\_\_

Fridays: \_\_\_\_\_ Other information: \_\_\_\_\_

### People who have permission to collect the child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**NB!** Please let us know in good time if any changes occurs, preferably by e-mail ([aks.bestum@osloskolen.no](mailto:aks.bestum@osloskolen.no))

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Sign: \_\_\_\_\_

Sign: \_\_\_\_\_