



**OFFICIAL FORM**

APPLICATION FORM FOR AKS BESTUM

Information about the child	
Full name	National Insurance number
Language (only needs to be filled out if the family use another language at home)	<input type="checkbox"/> BOY <input type="checkbox"/> GIRL

Information about guardian (recipient of letter and invoice)			
Surname	Name	National Insurance number	Mobile number
Address	Zip code	Postal	Telephone number
E-mail			

Information about guardian			
Surname	Name	National Insurance number	Mobile number
Address	Zip code	Postal	Telephone number
E-mail	Do both parts want to be recipients		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Information about the application	
The commencement date	Retention
	<input type="checkbox"/> FULL DAY <input type="checkbox"/> HALF DAY

Name of activity school	AKTIVITETSSKOLEN BESTUM
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The child needs special assistance/additional resources (see regulations regarding admission criteria)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, specify the requirements:	

Does your child already have an accepted application from another activity school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of the AKS he/she already attends:	

Sign		
Date/place	Guardian 1	Guardian 2

