



# International School of Stavanger

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Office Use Only	
Recd.	
Grade	
Pay	
SS	
EAL	
Records	
Stud ID.	
Fam Code	

## APPLICATION FOR ADMISSION PRE-SCHOOL

Children must be 3 or 4 on or before September 1<sup>st</sup> for Pre-School 3 and Pre-School 4 respectively.  
 Priority for admission is for children who will continue in Kindergarten at ISS at the company/military tuition rate.

Child's Last Name				First Name				Middle Name		Citizenship(s)	
Date of Birth (D/M/Y)		Norwegian Personal Identity/D Number				Sex (please circle)		Intended Starting Date (D/M/Y)		Intended Grade (Please circle)	
/ /						M / F		/ /		Pre-School 3 Pre School 4	
Primary spoken language(s)						Other languages					
Current Contact Address (please print)						Please circle municipality ( <i>Kommune</i> ) (Residents of Norway)					
						Stavanger Sola Sandnes Randaberg Other:					
						Home Telephone		Mother's Mobile		Father's Mobile	
Postcode & Place						Home Email					
Mother's \ Guardian's Name w:				Norwegian Personal Identity/D Number				Citizenship(s)			
Father's \ Guardian's Name				Norwegian Personal Identity/D Number				Citizenship(s)			
Has your child ever received speech/language therapy?				Please Circle If you have answered YES to a question, please specify below:							
				Yes / No							
Has your child ever received special needs services?				Yes / No							
Does your child have any special health and/or learning needs?				Yes / No							
How would you rate your child's spoken English?				Good Limited None							
Is your child toilet trained?				Yes / No							
Has your child previously attended Pre-School?				Yes / No							

NAME & GRADE LEVEL OF SIBLINGS ATTENDING ISS				Name	Grade
Name	Grade	Name	Grade		

<b>INVOICING INFORMATION</b>				Company/Sponsor	
Name/Contact			Work Telephone		
Address					
Postcode & Place			Work Email		

Signature of Parent or Guardian

Date

ISS Director's Signature

Date