



# Application form – admission deadlines and fees, see our web page: [www.voksenoppleringen.no](http://www.voksenoppleringen.no)

No:.....

I would like to enrol in the following courses at Tønsberg adult education centre:

Day classes  Evening classes

## Personal information

|               |   |                    |
|---------------|---|--------------------|
| When applying | Last name: _____  | Address: _____     |
|               | First name: _____   | Postal code: _____ |
|               | Date of birth: _____  | Postal area: _____ |
|               | Duff no: _____  | Council: _____     |
|               | Gender: Female <input type="checkbox"/> male <input type="checkbox"/> | Telephone: _____   |
|               | Nationality: _____  | Mobil phone: _____ |
|               | Marital status: _____   | e-mail: _____      |
|               | Next of kind/contact person: _____                                    | Telephone: _____   |

|   |
|---|
| Do you speak English Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|

|              |  |                       |
|--------------|--|-----------------------|
| Appli.       | Do you need a translator during the interview ? Yes <input type="checkbox"/> No <input type="checkbox"/>         | Language preference?: |
|              | You must notify us 24 hours before if you have to cancel the appointment. Otherwise you will be charge Nkr 400,- |                       |
| Place: _____ | Date: _____  | Signature: _____      |

## For the school :

### Grunnlag for oppholdstillatelse:

|                          |  |                               |                                |                                    |
|--------------------------|--|-------------------------------|--------------------------------|------------------------------------|
| Ankomst til Norge: _____ |  |                               |                                |                                    |
| Status: _____            | Rett og plikt <input type="checkbox"/> | Rett <input type="checkbox"/> | Plikt <input type="checkbox"/> | Betalende <input type="checkbox"/> |

|  |                                |                                |                                |                                |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <b>NORSK KUNNSKAPER - Tidligere norskopplæring? Ja <input type="checkbox"/> Nei <input type="checkbox"/></b> |                                |                                |                                |                                |
| Skolens navn:: _____   |                                | Når: _____                     |                                |                                |
| Antall timer _____   | Spor _____                     | Lærebok: _____                 |                                |                                |
| Norskprøver _____  | Np M2 <input type="checkbox"/> | Np S2 <input type="checkbox"/> | Np M3 <input type="checkbox"/> | Np S3 <input type="checkbox"/> |