REGISTRATION FORM FOR LEARNING NORWEGIAN

Surname (family name):

First name:

Middle name:

Address:

Phone number:

E-mail:

Date of birth:

Marital status:

Nationality:

Type of residence permit:

Mother tongue:

Other languages (oral / written):

Educational background from your home country:

0 years at school

1 – 7 years at school

7 – 10 years at school

High school

University

Documentation of education:

Have diploma/ documentation from my home country

Have not diploma / documentation from my home country

Education / courses from Norway:

At what level do you want to learn Norwegian:

A1

A2

B1

B2

Wish to go to school:

Daytime:

Evening:

Other information: