



MUNICIPALITY OF TRONDHEIM

APPLICATION FOR AMENDED ATTENDANCE IN KINDERGARTEN

Confidential

Child's name	Date of birth
<input type="text"/>	<input type="text"/>
Invoicee's name	Personal id no (11 digits)
<input type="text"/>	<input type="text"/>
Desired hours of attendance	Change requested from date
<input type="text"/>	<input type="text"/>
Changes in attendance can only take effect from the 1st or 15th of a month.	
Reasons for the application	
<input type="text"/>	

Place, date	Signature of parent/guardian
<input type="text"/>	<input type="text"/>
This application is to be sent to/delivered at your kindergarten.	

<input type="text"/>

Application for amended attendance was received	Signature of principal
Place, date	
<input type="text"/>	<input type="text"/>