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| "Tikiusaaq" Ilulissani atuareernerup kingorna ornittakkamut allatsinneq | Tilmelding til skolepasning ”Tikiusaaq” i Ilulissat  |
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| Meeqqap atia | Barnets navn: | Inuuia | Cpr.nr.: |
| Pilersuisup atia | Forsørgerens navn:

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| Sulivoq: |  | Suliffeqanngilaq:  |  | Ilinniartoq:  |  |
| Er i arbejde: |  Arbejdsløs: | Under uddannelse: |

 | Inuuia | Cpr.nr.: |
| Pilersuisup atia | Forsørgerens navn:

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| Sulivoq: |  | Suliffeqanngilaq:  |  | Ilinniartoq:  |  |
| Er i arbejde: |  Arbejdsløs: | Under uddannelse: |

 | Inuuia | Cpr.nr.: |
| Suliffiup atia | Arbejdsplads: |
| Najugaq | Adresse:Postnormu | Postnummer: Illoqarfik | By:  | Oqarasuaat | Telefon: |
| E-mail: |

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| Meeqqap peqqissusaa Barnets helbred |  Sapigaqarneq |Allergi:  |  | Nappaatit allat |Andre sygdomme:  |  |

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| Piaartumik ulluunerani neqeroorummiisitsilerusukkuit uani tunngavilersuuteqarit |Ved ansøgning om prioriteret plads, angiv her begrundelse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sulilerfissap ilinnialerfissalluunniit ullua allaguk |Angiv dato for start af arbejde eller uddannelse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Sumiiffik | Sted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ulloq | Dato:\_\_\_\_\_\_\_\_\_\_\_\_\_

Pilersuisup atsiornera | Forsørgerens underskrift:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_