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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:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Sulivoq: |  | Suliffeqanngilaq: |  | Ilinniartoq: |  | | Er i arbejde: | Arbejdsløs: | Under uddannelse: | | Inuuia | Cpr.nr.: |
| Pilersuisup atia | Forsørgerens navn:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_