

# Application for Bus Card

## Student Information

Norwegian personal number (11 digits): \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ Post code \_\_\_\_\_

*\*Please specify the house/apartment number*

Address 2: \_\_\_\_\_ Post code \_\_\_\_\_

*(If student lives in two different homes)*

The nearest bus stop: \_\_\_\_\_

Phone number 1: \_\_\_\_\_ Phone number 2: \_\_\_\_\_

## Applying for school transport on the following basis;

	Tick here
1. Long distance to school: Grade 1, more than 2 km (Opplæringslova/Educational Law § 7.1) <i>*If child/ren lives in two different homes, shared custody agreement/signatures from both parents shall be attached</i>	
2. Long distance to school: Grade 2-10 more than 4 km (Opplæringslova/Educational Law § 7.1)	
3. Disability/injury/illness for a long period (Opplæringslova/Educational Law § 7.3) Medical certificate shall be attached.	
4. Disability/injury/illness, which is temporary (Opplæringslova/ Educational Law § 7.3) Medical certificate shall be attached.	

Comments:

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**Application form should be delivered to the admin office at THIS**

Trondheim date: ...../...../.....

Signature .....



# Søknad skoleskyss

Fødselsnummer:

Navn: \_\_\_\_\_

Folkereg. adresse: \_\_\_\_\_

Adresse skal enten være gateadresse eller gårds/bruksnr.

Postadresse: \_\_\_\_\_ Postnr.: \_\_\_\_\_

Adresse 2: \_\_\_\_\_ Postnr.: \_\_\_\_\_

(Ved delt bosted.)

Skole: \_\_\_\_\_ Trinn: \_\_\_\_\_ GSK: \_\_\_\_\_ VGS: \_\_\_\_\_

Nærmeste holdeplass: \_\_\_\_\_

Tlf 1: \_\_\_\_\_ Tlf 2.: \_\_\_\_\_

## Det søkes herved om skoleskyss på følgende grunnlag:

- Skoleskyss pga avstand (jfr Opplæringslova § 7.1)
  - Delt bosted Samværsavtale med orientering om bofordeling samt underskrifter fra begge foresatt skal vedlegges.
- Skoleskyss pga varig medisinsk/funksjonshemming (jfr Opplæringslova § 7.3)
  - Legeerklæring/sakkyndig vurdering skal vedlegges.
- Skoleskyss pga. midlertidig/mellombels skade (jfr Opplæringslova § 7.3)
  - Legeerklæring skal vedlegges.

Merknader: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Dato \_\_\_\_/\_\_\_\_/\_\_\_\_ Underskrift: \_\_\_\_\_

**Søknaden skal sendes/leveres skolen**

Dato \_\_\_\_/\_\_\_\_/\_\_\_\_ Att. skole \_\_\_\_\_



SØR-TRØNDELAG  
FYLKESKOMMUNE

