Göteborgs Stad

Application for municipal preschool classes and comprehensive schools

Date received

To be completed by an administrator

Name and contact details

Child's surname and first names		Personal identity no (yyyymmdd-nnnn)
Address (child's address in the population register)	Post code	Locality
Guardian's surname and first names		Personal identity no (yyyymmdd-nnnn)
Email address		Phone
Guardian's surname and first names		Personal identity no (yyyymmdd-nnnn)
Email address		Phone

Current placement and year

School/Preschool where the child is a pupil today	Current year

Year the child is to begin and preferred starting date

Year	Date from which the place is requested

Preferred municipal comprehensive school (Tick the box if the child will have older siblings in Year P-6 at the school)

First choice	☐ **Yes,** has older siblings
Second choice	☐ **Yes,** has older siblings
Third choice	☐ **Yes,** has older siblings
Fourth choice	☐ **Yes,** has older siblings
Fifth choice	☐ **Yes,** has older siblings

If your child is moving to or within the municipality (Attach the housing contract or receipt from Skatteverket)

Future address in the population register	Applies from (date)

Guardians' signatures

Signature	Date
Signature	Date

Göteborgs Stad
Grundskoleförvaltningen Box 1015
405 21 Göteborg
grundskola@grundskola.goteborg.se

Göteborgs Stad 230317-003-609 Tryck: Egen utskrift Mars 2023