



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
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Year the child is to begin and preferred starting date

Year	Date from which the place is requested
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Preferred municipal comprehensive school (Tick the box if the child will have older siblings in Year P-6 at the school)

First choice	<input type="checkbox"/> Yes, has older siblings
Second choice	<input type="checkbox"/> Yes, has older siblings
Third choice	<input type="checkbox"/> Yes, has older siblings
Fourth choice	<input type="checkbox"/> Yes, has older siblings
Fifth choice	<input type="checkbox"/> Yes, has older siblings

If your child is moving to or within the municipality (Remember to attach a copy of the housing contract)

Future address in the population register	Applies from (date)
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Guardians' signatures

Signature	Date
Signature	Date