



Ending native language classes

Please send or hand in the application to your child's school.

Name of the child		Personal identity number	
Street address (child's registered address)			
Postal code		City	
School		Class	
Name of the guardian / trustee		Personal identity number	Phone
Email address			
Name of the guardian		Personal identity number	Phone
Email address			
Native language your child studies:			
Requesting to end classes			
<input type="checkbox"/> As soon as possible <input type="checkbox"/> At the end of the school term			
Why do you request to end native language classes? (Answering is optional)			

You as a guardian/trustee will receive a confirmation from the school that the native language classes have ended. Your child is expected to participate in their native language classes until then.

Signature of guardian / trustee

Date (yyyy-mm-dd)	Signature
Date (yyyy-mm-dd)	Signature