



Name and contact details

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

If your child does not receive any of the wishes above, you want to be offered a place for your child at another public school

YES NO

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)
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Guardians' signatures

Signature	Date
Signature	Date