

Application for bilingual class at Floraskolan

Information about the child seeking a place

Childs name		Date of birth	
		Bato of birth	
Present preschool/school	Municipality (other than Skellefteå)		
Present preschool/school	wunicipality (other	than skellertea)	
The child has attended Swedish school for at least four years, applies to students in grade 4 and up			
	0 1		
Mother tongue other than Swedish			

Desired school

Floraskolan bilingual class	Desired date for school start
Desired school in the second place	
Desired school in the third place	
The child is in/will start grade:	

Name of the guardian nr 1	Social security number		
			1
Address in Skellefteå	Postcode		City
E-mail		Telepho	ne number daytime

Name of the guardian nr 2	Social security number		
Address in Skellefteå	Postcode		City
E-mail		Telepho	ne number daytime

Guardian's signature (In the case of joint custody, the signature of both guardians is required) Required information

Joint custody	Sole custody	
Signature guardian		Date
Signature guardian		Date

The form is sent or handed in to Customer Service, Skellefteå Municipality

Post adress Skellefteå Municipality Utbildning och arbetsmarknad 931 85 Skellefteå Visiting address: Stadshuset Trädgårdsgatan 6 Telephone (customer service): +46 (0) 910-73 50 00 E-post kundtjanst@skelleftea.se Internet: www.skelleftea.se