



Application for bilingual class at Floraskolan

Information about the child seeking a place

Childs name		Date of birth
Present preschool/school	Municipality (other than Skellefteå)	
The child has attended Swedish school for at least four years, applies to students in grade 4 and up <input type="checkbox"/>		
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	
Address in Skellefteå	Postcode	City
E-mail	Telephone number daytime	

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

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

Joint custody <input type="checkbox"/>	Sole custody <input type="checkbox"/>
Signature guardian	Date
Signature guardian	Date

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