

**Information about the child seeking a place**

Date of birth	Childs name	social security number
Mother tongue other than swedish	Present preschool/school	
Modern languages (only grade 6 to 9)	Municipality (other than Skellefteå)	
<input type="checkbox"/> The child has attended Swedish school for at least four years, applies to students in grade 4 and up		
<input type="checkbox"/> Sibling priority	Siblings name	Siblings date of birth

Social security number	Name of guardian nr 1	Telephone number daytime
Address in Skellefteå	Postcode	City
E-mail	Mobilephone number	

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

**Desired school**

Desired school in the first place	Desired date for school start
Desired school in the second place	
Desired school in the third place	
The child is in / will start grade: _____	
Translator needed	

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

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

The form is sent or handed in to Customer Service, Skellefteå Municipality, 931 85 Skellefteå