


Information about the child seeking school

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 Keep in mind that you are not guaranteed your first choice. Increase the chances of getting the desired school by making three choices.

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 <input type="checkbox"/>	

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