

Preliminary Enrolment/Renewal Form



Child

Girl Boy

Date of Application

Date of birth(year, mth, day, ID digits-if any) / / -

Name to be used in the classroom

Name (if different)

Surname

Address

Phone

Prefered starting date

How long will you be resident in Sweden

Please state name and address of preschools previously attended

Has your child required special assistance at home or daycare.
If yes please explain

YES NO

Family (Parents & Guardians)

Name

Surname

Home Address

Postcode

e-mail

@

Name of Company you work for

Date of Birth /Pers.nr

Home phone

Work phone

Mobile phone

Name

Surname

Home Address

Postcode

e-mail

@

Name of Company you work for

Languages spoken at home

Date of Birth /Pers.nr

Home phone

Work phone

Mobile phone

This form will place you in the enrollment queue and is not a guarantee of placement

Nb. All the above information must be completed for the application to be processed