

PLEASE WRITE IN BLOCK LETTERS

**The child**

Last name, First name	Personal number	
Home address (the address where the child is registered)	Postcode	Post town
C/O	Postcode	Post town

**FAMILY (HOUSEHOLD)**
**Parent**

Last name, First name	Personal number
Phone no/mobile phone	E-mail
<input type="checkbox"/> Single parent <input type="checkbox"/> Cohabitant	

**Parent/Cohabitant**

Last name, First name	Personal number
Phone no/mobile phone	E-mail

**MOVING TO OR WITHIN STOCKHOLMS STAD ALWAYS SUBMIT NEW ADDRESS**

Home address (where the child is registered)	Postcode	Post town
Moving date		

**Preferred preschool choices (family daycare) Maximum 5 choices**

1:st choice	2:nd choice		
3:rd choice	4:th choice		
5:th choice	<b>PREFERRED START MONTH:</b>	Year	Month

**Language other than Swedish spoken at home. Wish preschool where substantial part of education is in**

Child's language	<input type="checkbox"/> Finnish <input type="checkbox"/> Meänkieli <input type="checkbox"/> Sami
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**Signature**

Date	Signature
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Personal information will be treated confidentially according to data protection regulations.  
Information of such usage will be conveyed by the Department of Education.

**Send the form to:**

Serviceförvaltningen  
Kontaktcenter Förskola-skola  
Box 7005  
121 07 Stockholm-Globen

**For further information:**

Kontaktcenter Stockholm  
Telephone: 08-508 00 508  
E-mail: forskola@stockholm.se