



## Application for pre-school

|                                |                 |                    |
|--------------------------------|-----------------|--------------------|
| Child's social security number | Child's surname | Child's first name |
| Street address                 | Postcode        | Postal address     |
| Phone number                   | Language        |                    |

|                                 |                  |                      |
|---------------------------------|------------------|----------------------|
| Mother's social security number | Mother's surname | Mothers's first name |
| Phone number                    | e-mail           | Mobilnumber          |
| Father's social security number | Father's surname | Father's first name  |
| Phone number                    | e-mail           | Mobilnumber          |

### Date we wish our child to start at pre-school

( year month day)

### Pre-schools we prefer our child to attend

|        |  |        |  |
|--------|--|--------|--|
| Alt. 1 |  | Alt. 3 |  |
| Alt. 2 |  | Alt. 4 |  |
| Alt. 5 |  |        |  |

### Parent's signatures

|      |           |                      |
|------|-----------|----------------------|
| Date | Signature | Name i blockletters  |
| Date | Signature | Name in blockletters |

**Please send the application to:**  
SOLNA STAD  
Barn- och utbildningsförvaltningen  
Placeringsenheten  
171 86 SOLNA

The data that you fill in the form will be used for necessary information within child-and education administration in order so that we can provide you with the service that you are entitled to. The data will be processed in according to the provisions of the Personal Data Act (PDA, SFS 1998:204).