



**Notification on change of attendance in preschool**  
Note! One form per child

**The child's personal information**

Child's personal identity number	Child's last name	Child's first name
Child's placement:		

Valid from (date):
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Note! The new times of attendance will start according to agreement with the preschool or the earliest two weeks after the written notification has been received.

Schedule	Week 1		Week 2		Week 3		Week 4	
	From	To	From	To	From	To	From	To
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

On the schedule note the time the child will arrive to the preschool and the time the child will leave from the preschool.

**Signature of legal guardian**

Date	Signature	Name in block letters
Date	Signature	Name in block letters

Send the filled out form to:

**SOLNA STAD**  
Barn- och utbildningsförvaltningen  
171 86 Solna