



Send the form to
Solna stad
Barn- och utbildningsförvaltningen
171 86 Solna

Application for preschool class

You apply for a place for a child who is to begin preschool class using the preschool & school (förskola & skola) e-service during the application period (Dec-Jan). Outside the application period you use this form.

Application for placement at an independent compulsory school

To apply for a place at an independent school, you contact the school directly.

Application for mother tongue tuition

You apply for mother tongue tuition at solna.se/skolor/modersmalsenheten

1. Pupil to whom the notification refers

If the pupil has no personal identity (ID) number, enter the pupil's date of birth.

First name	Last name
Personal ID number	

2. School choice

Applying for school	Year	From date
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3. Present school

Please fill in the name of the pupil's present school if you are applying for a change of school.

Municipality	School	Year
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4. Pupil who has moved to Sweden

From (country)	Arrived in Sweden (date)	LMA/Dossier No.
Street address	Apartment number	Postal code and town/city
Name of previous school abroad/in Sweden		Number of years at school
Choose one or more of the following <input type="checkbox"/> New arrival <input type="checkbox"/> Asylum seeker <input type="checkbox"/> Family member immigrant <input type="checkbox"/> Unaccompanied minor		
Gender (needed to create a temporary personal identity number)		

5. Applicant

First name and last name	Personal ID number
Population register address	Postal code and town/city
E-mail	Phone number

First name and last name	Personal ID number
Population register address	Postal code and town/city
E-mail	Phone number

6. After-school recreation centre

Pupils in preschool class and years 1 – 6 have the possibility to attend an after-school recreation centre.

Request a place at an after-school recreation centre <input type="checkbox"/> Yes <input type="checkbox"/> No	From date
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7. Native language

Native language if other than Swedish	Tuition in Swedish as a second language <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Signature

I declare that to the best of my knowledge the information I have given is accurate and complete. I must notify the City of Solna (Solna stad) if the information changes.	
The signature below refers to: <input type="checkbox"/> Parent/guardian (NB. In the case of two parents/guardians the signature of both is required) <input type="checkbox"/> Trustee	
Signature	Date
Name in block letters	
Signature	Date
Name in block letters	

The personal data that you provide on this form will be used for the necessary administrative work within the Department for children and education (Barn- och utbildningsförvaltningen). The data is processed in accordance with the provisions of the General Data Protection Regulation (GDPR). If you wish to learn more about how your personal data is processed, please contact the Department for children and education (Barn- och utbildningsförvaltningen).