

Application

# Preschool/Educational care

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

### 1. Child to whom the application refers

First and last name	Social security number (YY-MM-DD-XXXX)	🗌 Воу
		🗌 Girl
Address	Postal code and town/city	

### 2. To be filled in if the child has arrived in Sweden during the last four years

LMA/Dossiernumber	Arrival in Sweden YY-MM-DD	Indicate the country from which the child comes

#### 3. Applicant (guradian) 1

First and last name	Social security number (YY-MM-DD-XXXX)	Female Male
E-mail	Phone number	
Address	Postal code and town/city	
□Working □Studying □Jobseekers □Parental leave		

### 4. Applicant (guardian) 2

First and last name	Social security number (YY-MM-DD-XXXX)	Female
		☐ Male
E-mail	Phone number	
Address	Postal code and town/city	
□Working □Studying □Jobseekers □Parental leave		

## 5. Start date

Preferred start date YYYY-MM-DD
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### 6. Desired number of hours in preschool per week

Part-time max. 30 hours/week

Even Full-time more than 30 hours per/week

### 7. Preschools preference

Alternative 1

Alternative 2

Alternative 3

Alternative 4

Alternative 5

### 8. Current placement

In cases where the child already has a pre-primary placement, please indicate

### 9. Mother tongue

Native language if other than Swedish

10. Signature of both guardians	☐ Sole guardian
Guardian 1	Guardian 2
Town/city and date	Town/city and date
Signature	Signature
Name clarification	Name clarification

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 förskolenämnde.