



## Application

### Preschool asylum seekers and permit applicant

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

#### 1. Child to whom the application refers

First name	Last name
Date of birth (YY-MM-DD)	Dossier-, LMA or personal number of the child
The child's gender <input type="checkbox"/> Girl	<input type="checkbox"/> Boy
Address	Postal code and town/city
Arrived to Sweden (YY-MM-DD)	Native language if other than Swedish

#### 2. Applicant (guardian) 1

First name	Last name
Personal number or date of birth (YY-MM-DD)	E-mail
Address	Postal code and town/city
Phone number	Phone number (work)

#### 3. Applicant (guardian) 2

First name	Last name
Personal number or date of birth (YY-MM-DD)	E-mail
Address	Postal code and town/city
Phone number	Phone number (work)

**4. Preferred start date**

YYYY-MM-DD

**5. Preschools preference**

Alternative 1

Alternative 2

Alternative 3

Alternative 4

Alternative 5

**6. Current placement****7. Signature of both guardians**

I declare that to the best of my knowledge that the information I have given is accurate and complete. I must notify the City of Solna (Solna stad) if the information changes.

<b>Guardian 1</b>	<b>Guardian 2</b>
Town/city and date	Town/city and date
Signature	Signature
Name in block letters	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 Barn- och förskolenämnde.