Alvesta kommun

Utbildningsförvaltningen

Please fill in the application and send it to:
Alvesta kommun,
Utbildningsförvaltningen
342 30 Alvesta
or email it to
utbildning@alvesta.se

Enrollment of pupils without complete Swedish social security number

A copy of the application will be sent to the school nurse, counselor and principal.

Personal data

Gender ☐ Female ☐ Male	Application date Request for start for placement Klicka eller tryck här för att ange datum.
Date of birth (YYMMDD-XXXX)	LMA-number
First name	Surname
Address	ZIP code och city
c/o address	Temporary address ☐ Yes ☐ No
Country of origin	Mother tongue
Date of arrival to Sweden	Need of interpreter ☐ No ☐ Yes, language:

Contact details

Legal guardian 1

☐ Female ☐ Male

First name	Surename
Date of birth (YYMMDD-XXXX)	LMA-number
E-mail	Phone number

Legal guardian 2

☐ Female ☐ Male

First name	Surename
PDate of birth (YYMMDD-XXXX)	LMA-number
Email	Phone number

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Other contact details (non mandatory)

Relation:	
First name	Sure name
Phone number	Email

Requests for preschool / school

1.
2.
3.