



**REGISTRATION FORM**

Pupil's Surname (Last name).....

Christian name (First name).....

Date of birth / Personnummer.....

Home address.....

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Home telephone Number.....

E-mail address.....

Stadsdelsnämnd: (if home address Gothenburg).....

Nationality.....

Home language.....

Details of previous schooling.....

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Father's name .....

Occupation ..... Work Tel. No. ....

Mother's name .....

Occupation ..... Work Tel. No. ....

If you are not a permanent resident of Sweden, how long is your stay?.....

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Names and ages of brothers and sisters

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Date when you wish your child to begin .....

Parent's Signature..... Date.....

Please note that if you wish for your child to remain on the waiting list you must confirm this by letter, phone or e-mail within one year of registration. Without this confirmation your child's name will be removed.

*For office use only*

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