



**Gällivare Municipality**  
**Child, Education and Culture Administration**  
 Revised 6 October 2014

Queue date:.....

## Application to preschool/pedagogic care

Submit one form per child 4 months prior to requested enrolment.

Child's name:

Personal identity no.:

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Address:

Phone:

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Postal code, city:

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Enrolment requested as of

(date):.....

Enrolment preferences:

1st.....

2nd.....

3rd.....

Other information (allergies, etc.):.....

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Siblings at a preschool? If so, which preschool and department?

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Leave blank (Officer's notes)

Offer:..... as of (date).....  
 reply deadline.....

Accepted..... Declined.....

CONT'D

Native language:

Pursuant to Chapter 8, Section 11 of the Education Act, a preschool must help children who have a native language other than Swedish progress in both languages.

Would you like your child to receive native language assistance?.....

What is your child's native language?.....

Pursuant to the Act on National Minorities and National Minority Languages, legal guardians are entitled to request enrolment in a preschool at which all or some of the activities are conducted in Sami, Finnish or Meänkieli.

Would you like your child to be enrolled at a preschool at which all of some of the activities are conducted in one of the above minority languages?.....

What minority language does your child speak?.....

Mother's name:

Personal identity no.:

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Employer:

Work phone:

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Father's name:

Personal identity no.:

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Employer:

Work phone:

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City and date

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Signature of legal guardian

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Signature of legal guardian

Send to: Förskoleenheten  
Gällivare Municipality  
982 81 Gällivare

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