



Askersunds

K O M M U N

Barn- och utbildnings-
förvaltningen

**Application to begin school in
Askersunds kommun/change school
within Askersunds kommun/change to
school in another town**

Information about the pupil

Social security number: Pupil's name:

Postal address: Postal code & town:

Phone number/mobile:

Present school: Grade: Town:

Wishes to start at new school from:

Preferred school: Town: Grade:

Custodian/Parent 1:

Name:

Social security number:

Address: (if not the same as pupil)

Postal address & nr:

Phone number:

E-mail:

Signature: _____

Custodian/Parent 2:

Name:

Social security number:

Address: (if not the same as pupil)

Postal address & nr:

Phone number:

E-mail:

Signature: _____

Comment from head master at preferred school:

The pupil will be begin school
from (date):

The pupil cannot being at preferred school. Explanation:

Date:

Signature: _____

Comment from transferring school:

Date:

Signature: _____

Send form to:
Ewa Einarsson
Barn- och utbildningsförvaltningen
696 82 Askersund

Work title:

or leave directly to the preferred school of choice