

**Enrollment for a multilingual student in primary education / preparatory education**

Enrollment date from \_\_\_\_\_ / \_\_\_\_\_ 20\_\_\_\_\_

Preparatory instruction in Finnish	<input type="checkbox"/>	Grade: _____
Preparatory instruction in Swedish	<input type="checkbox"/>	Grade: _____
Primary education in Finnish	<input type="checkbox"/>	Grade: _____
Primary education in Swedish	<input type="checkbox"/>	Grade: _____

**Student's information**

Last name	First names	girl	<input type="checkbox"/>
		boy	<input type="checkbox"/>
		other	<input type="checkbox"/>

Date of birth (day/month/year) or Finnish identity number	Current address
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Student's mobile number	Municipality of residence
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Native language	Languages spoken at home
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Citizenship (if not Finnish)	Country moved from
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Immigration status	Residence decision starting from	Expires
refugee <input type="checkbox"/>	_____ / _____ 20_____	_____ / _____ 20_____
asylum seeker <input type="checkbox"/>		
other <input type="checkbox"/>		

**Religion or world view**

Religious group:

Evangelical Lutheran	<input type="checkbox"/>	Orthodox	<input type="checkbox"/>
Registered religious community	<input type="checkbox"/>	What:	_____
Other	<input type="checkbox"/>		
No religion	<input type="checkbox"/>		

The student will participate in:

Evangelical Lutheran classes	<input type="checkbox"/>	Orthodox classes	<input type="checkbox"/>
Teaching of ethics	<input type="checkbox"/>	What:	_____
Other	<input type="checkbox"/>		

The student may \_\_\_\_\_ / may not \_\_\_\_\_ participate in religious events organized by the school

**Custody (tick the correct option)**

<input type="checkbox"/>	Guardians live together
<input type="checkbox"/>	Guardians do NOT live together    joint custody <input type="checkbox"/> single parent <input type="checkbox"/>
<input type="checkbox"/>	Other guardian, who? _____

Guardian's information	
Last name <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> other	First name
Address	Postal code and municipality
Mobile phone <input type="checkbox"/> confidential	Work number
E-mail address	Date of birth (day/month/year) or Finnish identity number
Guardian's information	
Last name <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> other	First name
Address	Postal code and municipality
Mobile phone <input type="checkbox"/> confidential	Work number
E-mail address	Date of birth (day/month/year) or Finnish identity number
Previous school / kindergarten information	
School name	Grade
Location (city / municipality)	
End date of attendance	School contact information
The student has participated in preparatory instruction <input type="checkbox"/>	
Date and location _____	
Language skills	
Previous school or study language _____	
First foreign language _____	
Second foreign language _____	
Other languages _____	
Diet / food restrictions or other health related information	

**Other information**

**Signatures**

_____	_____
Guardian's signature	Guardian's signature
_____	_____
Place	Date

Submit the form to: