

The form may be completed on the computer but must be printed out, signed and mailed to the address on the right (or scanned as a pdf and mailed to skolval@edu.stockholm.se).

Send this form to:
"Söka skola"
Serviceförvaltningen
Kontaktcenter
Förskola-Skola
121 07 Stockholm-Globen

The form must be received by Söka skola, Kontaktcenter Stockholm no later than 15 February 2022.

* = obligatory information

The child Please text

Last- and first name *		Personal number *
Street adress *	Zip code *	Postal area *

Preschool Applying for grade _____

With this application you can apply to schools that are connected to "Söka skola" in Stockholms municipality (all municipality elementary schools and a number of free schools). It's your responsibility to find out if the school you're applying to is connected to "Söka Skola" in Stockholm municipality. You can find which schools these are at: grundskola.stockholm/sok-skola. You have to apply directly to all the schools that are not connected to "Söka skola" in Stockholm

1*	
2	
3	

Rank the schools from first choice to third choice. You can choose up to three schools.

After schools programs: Contact the school you are applying to for information about after school programs.

Sibling priority placement: Eventual sibling priority cases are processed automatically. The placement procedure for admission to municipal schools state that sibling placements are prioritized for children applying for preschool class programs. The older sibling must be attending classes F-3 in the school applied for, and have a registered address which is the same as the younger sibling, and should live no more than 2 kilometers from the school to which they are applying. This registered address applies whether the siblings are biological siblings or not. Independent schools have their own admission procedures. Contact the independent school you are applying to for more information.

We have also applied to other schools that are not connected to the City of Stockholm e-services in another municipality.
Please note! This information only applies to one's home municipality.

Name of independent school/other municipality

--

>> See page two of this application for your signature >>



Guardian 1 Please text

Last- and first name *		E-mail	
Street address		Zip code	Postal area
Telephone (home) <input type="checkbox"/> Secret		Telephone work/cellphone <input type="checkbox"/> Secret	

Guardian 2 Please text

Last- and first name		E-mail	
Street address		Zip code	Postal area
Telephone (home) <input type="checkbox"/> Secret		Telephone work/cellphone <input type="checkbox"/> Secret	

Signatures:

Both signatures are needed if there are two guardians.

I approve the use of my personal information for the purpose stated in this application

Place and date *	
Guardian 1, signature *	Name in printed text *
Guardian 2, signature	Name in printed text

Admission to certain schools will require the signature of both guardians.

The form must have been received by Söka skola, Kontaktcenter Stockholm no later than 15 February.

Personal information will be treated confidentially according to data protection regulations.
Information of such usage will be conveyed by the Department of Education.