

Utbildningsförvaltninge Box 501 343 23 Älmhult	n.			
0476-550 00	☐ Moving within th	☐ Moving within the municipality		
	☐ Moving to Älmhu	ults municipality		
	☐ Moving out from	Älmhults municipali	ty	
<u> </u>			T	
Students name			Personal number	
Current School/Community			Class	
Current Teacher/Mentor			Telephone to school	
Desired/Receiving school (Fill in desired school alternative 1,2 and 3.)			Class	
Moving in –Startin			Moving out – Stop date in school	
Current home add	ress		Postal code and town	
New home addres	s		Postal code and town	
Note! If you ha	ive shared custody bo	oth guardians need Guardian 2	d to sign the application!	
Address		Address	Address	
Postal code and town		Postal code	Postal code and town	
Telephone number		Telephone	Telephone number	
Email		Email	Email	
Signature		Signature	Signature	
Other informa	tion (appointed mathe	- topque country	naranta warkingalaga ata	
Other Informa	tion (specialiood, motific	er torigue, courtily,	parents workingplace etc.	
Send the appl	ication to Älmhults ko	mmun on the add	ress above.	
This form is sent to involved schools (Completed by the education department)			Date	
Student prepa	red place in (complete	ed by receiving sc	hool)	
School	• • •		Class Enrollment date	
Teacher/mentor			Head teacher	
Decision sent to the guardians			Date	

Application for transportation to school is submitted through digital service.

Application for after school care is submitted through digital service