



Trollhättan

APPLICATION FORM

For enrolment to the English-speaking School, Paradisskolan, Trollhättan, Sweden

PUPIL INFORMATION

Name (surname and christian name)	Date of birth
Address	Postcode
Telephone number	
Country of parent's / child's origin	
Date which you would like your child to start	
Parent's name (printed please)	

SCHOOLING IN SWEDEN (with dates)

What is the name of the school?
Town

ADDITIONAL INFORMATION which can be of interest e.g. details of previous schooling outside Sweden.

Date _____

Signature _____

Send to: Utbildningsförvaltningen
 English-speaking School
 Paradisskolan
 SE-461 84 TROLLHÄTTAN
 SWEDEN