



GRUMS KOMMUN

Application for change of elementary school, as well as notify of relocation to / from Grums municipality.

- Moving to the municipality Change of elementary school
 Moving from the municipality

Personal Information

Student's full name		Personal Identity Number	
Address		Telephone	
Postal Code	Place		
Does one or both guardians have a language other than the Swedish Language as their mother tongue? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please specify the mother tongue language			

Information on the previous school

School's name	Telephone	Class	Level
School's address	Postal Code	Place	
Principal's name	Telephone		

Information on the receiving/current school

School's name	Telephone	Class	Level
School's address	Postal Code	Place	
Admission Date	After-school care No <input type="checkbox"/> Yes <input type="checkbox"/>		

New address

Address		
Postal Code	Place	Telephone

Both guardians need to sign this document if the student is placed under a joint-custody

Place and date	Place and date
Guardian's signature	Guardian's signature
Full name	Full name
Address	Address
Telephone	Telephone

Principal's signature

Place and date	Principal's signature
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Copy to: Receiving school / municipality, principal, mentor, school nurse The original copy will be retained by the principal who signed this document. The personal data you provide will be used to provide the support and service we are responsible for.

Grums Municipality is responsible for processing your personal data in accordance to the data protection legislation.

Read more at www.grums.se/personuppgifter.