



# Application to the BMSL Flyinge Preschool queue

(for children 1 – 5 years)

Preschool's notes:

Reg date:.....

Signature:.....

PLEASE WRITE LEGIBLY

Surname of child		Name of child		<input type="checkbox"/> girl	
Social security number (personnummer or birth date)		Telephone number			<input type="checkbox"/> boy
Street address					
Postal code	City	County of belonging (folkbokföringskommun)			
E-mail adress		Preferred start date			
Name(s) of possible sibling(s) in queue		Year of birth of sibling(s)			
Name and location of current preschool (if any)					
<input type="checkbox"/> Montessori					
The child speaks or understands the following languages					
<input type="checkbox"/> Swedish <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> other:					
Date and location		Date and location			
Surnam and name of guardian		Surnam and name of guardian			
Telephone number where reachable during day		Telephone number where reachable during day			
Signature		Signature			

We agree that the above information about us and our child(ren) is registered in the preschool queue register.

A place in the queue does not guarantee a place in the preschool. The child's location in the queue is based on the date when the preschool has registered this application form and other priority criteria. The children will be admitted to the school following the order of the queue. Priority is given to siblings.

Please send this application form to:  
BMSL Flyinge Preschool  
Flyinge Kungsgård  
247 93 Flyinge  
Sweden.

Please observe that you need to send one form for each child to be registered.