

STUDENT	First name and surname	Social security number or date of birth
	Home address in Hamina	Nationality
	Mother tongue and other languages that the student speaks	
	How many years of schooling before coming to Finland	Completed primary school <input type="checkbox"/> yes <input type="checkbox"/> no
	Schooling in Finland <input type="checkbox"/> yes <input type="checkbox"/> no	Schooling in Finland: how many months, town, name of the school
	Other information	
CUSTODY <input type="checkbox"/> Single parent <input type="checkbox"/> Joint custody <input type="checkbox"/> Other: _____		
GUARDIAN 1 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	First name and surname	Phone number
	Address	
	Email address	Language to be interpreted
GUARDIAN 2 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	First name and surname	Phone number
	Address	
	Email address	Language to be interpreted
DATE AND SIGNATURE	_____ / _____ 20 _____ Guardian's signature and name clarification	

Please fill in this form and send it by email (koulutuspalvelut@hamina.fi) or by mail (Koulutuspalvelut, PL 71, 49401 Hamina).

Kasvatus- ja koulutuspalvelut
 Haminan kaupunki