

**REGISTRATION
for school**

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