

Registration of newly arrived children/students

Send completed form to: Uppsala kommun, Utbildningsförvaltningen, 753 75 Uppsala **or** e-mail it to skola.nyanlanda@ uppsala.se.

A copy of the form will be sent to the school nurse, counsellor and principal.

1. Personal details of child/student

		Date
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Swedish personal number / Birth date (YYMMDD-XXXX)	
First name	Surname	
Address	Postal code and city	
c/o address	Is the address temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of origin	Mother tongue	Date of arrival in Sweden
Is a translator needed when in contact with Uppsala Municipality and preschool/school? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:		
Telephone number	E-mail address	
Child/students status <input type="checkbox"/> Asylum seeker, dossier number: <input type="checkbox"/> Temporary residence permit, TUT <input type="checkbox"/> Applying for residence permit, dossier number: <input type="checkbox"/> Permanent residence permit, PUT <input type="checkbox"/> Child of visiting scholar, dossier number: <input type="checkbox"/> Nordic citizen <input type="checkbox"/> Child of employee at int. org., dossier number: <input type="checkbox"/> EU/EES citizen <input type="checkbox"/> Other:		
<input type="checkbox"/> Living with guardian <input type="checkbox"/> Unaccompanied child <input type="checkbox"/> Living at HVB home <input type="checkbox"/> Living in foster care <input type="checkbox"/> Own accommodation		
Previous school in Sweden?		

2. Contact information

Legal guardian 1

First name	Surname	Telephone number
Swedish personal number/Birth date (YYMMDD-XXXX)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	E-mail address

Legal guardian 2

First name	Surname	Telephone number
Swedish personal number/Birth date (YYMMDD-XXXX)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	E-mail address

Fiduciary/Trustee

First name	Surname	Swedish personal number (YYMMDD-XXXX)
Telephone number		E-mail address

Other accommodation/other contact

Relation to child/student	
First name	Surname
Telephone number	E-mail address

We process and protect your information in this form in accordance with the rules of the Data Protection Regulation (GDPR). Your personal information is processed by the Board of Education in accordance with the Data Protection Regulation 2016/679. The purpose of the treatment is the management of newly arrived children and student's right to, and placement, in preschool and school. We collect information to be able to handle your case and legal basis for it is governmental exercise. The data is stored in accordance with the Archives Act. We share your information with the nurse, counsellor and principal of the recipient school. Read more about Uppsala municipality's handling of personal data and your rights as a data provider at [uppsala.se/gdpr](http:// uppsala.se/gdpr).

Information to be filled out by Admissions office for new arrivals

Requested document	Submitted? <input type="checkbox"/> Yes
Requested document	Submitted? <input type="checkbox"/> Yes
Other	