

The applicant	Child's surname	Child's first name(s)
	Social security number	Sex Female <input type="checkbox"/> Male <input type="checkbox"/>
	Nationality	Religion
	Native language	Language(s) used at home
	Address	
	Mother's name	Telephone
	Father's name	Telephone
	Child's previous school or kindergarten	
Background information	1. Why would you prefer bilingual education for your child?	
	2. Has your child had any contact with English language so far? If yes, how?	
	3. Parent's/parents' opinion of the language skill of the child	
	A. Finnish	
	1. Understanding of spoken Finnish	_____
	2. Ability to speak	_____
	3. Reading	_____
	4. Writing	_____
	5. Previous grade (if applicable)	_____
	B. English	
	1. Understanding of spoken English	_____
	2. Ability to speak	_____
	3. Reading	_____
	4. Writing	_____
	5. Previous grade (if applicable)	_____

	4. Which country have you arrived from?	
	5. How long were you abroad?	
	6. How long do you intend to stay in Finland?	
	7. Has your child received special education? Please specify.	
	8. Is there any further information we need to know?	
Agreement	Teachers may co-operate with kindergarten/school staff in matters relating to my child's education. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name of the kindergarten/school	Contact information of the kindergarten/school
Date and signature	Place and date	Guardian's signature and clarification of the signature