



BASIC INFORMATION FORM

Pupil	Last name		First names (underline the name that you use)		
	Personal ID		Citizenship		Native language /language to be interpreted
	Belonging to a religion <input type="checkbox"/> elc. <input type="checkbox"/> orth. <input checked="" type="checkbox"/> other, which:				
	Non - religious ¹⁾ <input type="checkbox"/>				
	Home address and post office			Hometown (according to the population register)	
Telephone number					
Guardians	Last name, First name		<input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> other		Telephone number
	Home address and post office				
	Last name, First name		<input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> other		Telephone number
	Home address and post office				
	Applicant's name: (day care, and preschool)				
Day care center / preschool / school, which you are applying:					
More information (eg. former day care center, preschool, school and locality)					
Special diet:					
Allergies:					
Care time daily: (just day care center and preschool education)					
Date and signature:					

The information on the form is stored in the student information system of the city of Karkkila.

1) The teaching of life views is organized for those who do not belong to religious denominations.