



**Varbergs
kommun**
BARN & UTBILDNING

APPLICATION FOR MOTHER TONGUE EDUCATION

Engelska

APPLICATION FOR MOTHER TONGUE EDUCATION

Before filling in the form, please read the information:

"The teaching of mother tongue in primary schools, information to pupils and parents".

Sign-up Date _____

Please text!

Student last name: _____ Forename: _____

Social Security Number: _____

Adress: _____ Telefon: _____

Zip Code: _____ Postal Adress: _____

School: _____ Class: _____

Mother Tongue: _____

Who is entitled to education of mother tongue (criteria)?

- Pupils in primary school/primary special school or upper secondary school/high school special school.
- Students with at least one guardian with a mother tongue other than Swedish.
- The learner's domestic language. (Except in minority languages and adopted children).
- The student should have a basic knowledge of their mother tongue. Skills are identified by the native teacher before prior to the course. (Beginner's lessons are not organized).
- The student is willing to undertake the course.

I certify that my child meets the eligibility criteria for studying mother tongue.

Signature of guardian: _____