

STUDENT	First name and surname	
	Social security number	Phone number
	Home address in Hamina	
	Mother tongue	
	Languages that the student speaks	
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	
GUARDIAN 2 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	First name and surname	Phone number
	Address	
	Email address	
DATE AND SIGNATURE	_____ / _____ 20____ <div style="text-align: right;">_____ Guardian's signature</div>	

Please fill in this form and send it by email (koulutuspalvelut@hamina.fi) or by mail (Koulutuspalvelut, PL 71, 49401 Hamina).