# School Transfer and Documentation

By signing this document, you give your consent as guardian for your child`s current school to provide documentation to facilitate the transfer between schools.

|  |
| --- |
| Name of student |
| National ID number |
| Current school and class |

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **Yes** | **No** | **Not relevant** |
| Rating/Grades |  |  |  |
| Extra Adjustments |  |  |  |
| Pedagogical mapping / pedagogical investigation |  |  |  |
| Action Program |  |  |  |
| Speech therapist assessment |  |  |  |
| Psychological assessment |  |  |  |
| Social assessment |  |  |  |
| Other documentation/informaiton |  |  |  |

**□** Joint Custody **□** Shared Custody **□** Sole Custody

## Guardian Signatures

|  |  |
| --- | --- |
| Signature, Guardian 1 | Signature, Guardian 2 |
| Print name, Guardian 1 | Print name, Guardian 2 |

|  |  |
| --- | --- |
|  |  |
|  |

In the case of joint custody, both guardians must give their consent by signing. Consent can be revoked at any time. The original copy of this form is retained by the student’s current school. A copy of the form is provided to the / receiving school. **Please send the documentation to:**[kronoberg@nordicinternational.se](mailto:kronoberg@nordicinternational.se)

# Överföring och dokumentation

Genom att underteckna detta dokument ger du som vårdnadshavare ditt samtycke för att ditt barns nuvarande skola ska kunna översända dokumentation till Nordic International School.

|  |
| --- |
| Elevens namn |
| Personnummer |
| Nuvarande skola och klass |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dokument** | **Ja** | **Nej** | **Inte relevant** |
| Omdöme/betyg |  |  |  |
| Extra Anpassningar |  |  |  |
| Pedagogisk kartläggning/ pedagogisk utredning |  |  |  |
| Åtgärdsprogram |  |  |  |
| Logopedbedömning |  |  |  |
| Psykologisk bedömning |  |  |  |
| Social bedömning |  |  |  |
| Annan dokumentation/information |  |  |  |

**□** Gemensam vårdnad **□** Delad vårdnad **□** Ensam vårdnad

## Underskrift av vårdnadshavare

|  |  |
| --- | --- |
| Underskrift, Vårdnadshavare 1 | Underskrift, Vårdnadshavare 2 |
| Namnförtydligande, Vårdnadshavare 1 | Namnförtydligande, Vårdnadshavare 2 |

|  |  |
| --- | --- |
|  |  |

Vid gemensam vårdnad ska båda vårdnadshavare ge sitt samtycke genom namnunderskrift. Samtycke kan återkallas när som helst. Original behålls av skolan. Kopia lämnas till den avlämnande/mottagande skolan. **Vänligen skicka dokumentationen till:** [kronoberg@nordicinternational.se](mailto:kronoberg@nordicinternational.se)