



BASIC EDUCATION AFTER-SCHOOL ACTIVITIES APPLICATION School year 2024-2025

The application is confidential insofar as it contains the kind of information detailed in section 24, subsection 25, 30 and 32 of the Act on the Openness of Government Activities

Applications for after-school activities under the Basic Education Act can be applied for pupils in grades 1 to 2 and pupils with special needs in all grades in the city's comprehensive schools.

If you send an application during the school year, your application is left waiting for possible free places in afterschool activities, and we will be in touch with you if we can arrange a place for your child.

See instructions for applying for school year 2024-2025 <https://www.hel.fi/en/childhood-and-education/basic-education/morning-and-after-school-activities-clubs-and-hobbies/after-school-activities>

Post the paper application to Education Division, After-school activities, P.O. Box 58300, 00099 City of Helsinki or deliver it to our letter box at Työpajankatu 8, 00580 Helsinki. The sender of the application must ensure that the document arrives at the authorities within the specified time limit. (Administrative Procedure Act 17§).

Child's contact information

| | |
|--|--|
| Surname of the child | First name(s) of the child |
| Social security number | |
| Home address | Postal code and City |
| Child's school during the school year 2024-2025 | Child's grade level during the school year 2024-2025 <input type="checkbox"/> 1 grade <input type="checkbox"/> 2 grade <input type="checkbox"/> 3-9 grade student who needs special support |
| Child's need for special support <input type="checkbox"/> The child has received a decision regarding special support <input type="checkbox"/> An application has been submitted for special support <input type="checkbox"/> The child has been granted permission for extended compulsory education If the child is in a special needs class that provides intensive special needs support, please select the right form of education <input type="checkbox"/> Autism education (EAU) <input type="checkbox"/> Education of pupils with developmental disabilities (POY) <input type="checkbox"/> Education of pupils with severe developmental disabilities (TOI) | |

Guardian paying the invoice contact information /The guardian who has signed the forms is considered to be the guardian paying the invoice

| | | |
|--|--|------------------------|
| Surname of guardian paying the invoice | Surname of guardian paying the invoice | Social security number |
| Home address, if other than the child's home address | | |
| Email | Daytime contact number | |

Other guardian contact information

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|-------------------------------|-------------------------------|------------------------|
| Surname of the other guardian | Surname of the other guardian | Social security number |
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