

CITY OF HELSINKI

Education Division Basic Education

BASIC EDUCATION AFTER-SCHOOL ACTIVITIES APPLICATION

School year 2025-2026

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 after-school 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 2025-2026 at hel.fi/afterschoolactivities.*)

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	First name(s) of the child				
Home address		Postal code	and City			
Child's school during the school year 2025–2026 Child's grade level during		the school year 2025–2026				
	☐ 1 grade ☐ 2 grade ☐	☐ 3 - 9 grade	student who needs			
Child's need for special support						
☐ An application has been submitted for special support ☐ The child granted permission for extended compulsory education	has received a decision regarding	special suppo	rt 🗌 The child has been			
If the child is in a special needs class that provides intensive special near Autism education (EAU) Education of pupils with developmental disabilities (TOI)						
Guardian paying the invoice contact information	n. The guardian who has	s signed t	he form is			
considered to be the guardian paying the invoice		o orginou v				
Surname of the guardian paying the invoice	First name of the guardian paying	g the invoice	Social security number			
Home address, if other than the child's home address	<u> </u>					
Email	Day		ytime contact number			
Other guardian contact information		•				
Surname of the other guardian	First name of the other guardian		Social security number			
Home address, if other than the child's home address						
Email		Daytime contact number				
Application for after-school activities Please submit only one application per child.						
After-school activity location and service provider						
After-school activity location address						
Some locations provide activities until 4 pm. Check the opening hours of the locations on the Service Map. Service Map**) or via after-school activities' webpages at hel.fi		/ locations o	n the			
I am applying for a place for my child in after-school activities that end at 4 pm. The customer fee is € 100 per month						

I am applying for a place for my child in after-school activities that end at 5 pm. The customer fee is € 120 per month

^{*)} hel.fi/afterschoolactivities

^{**) &}lt;a href="https://palvelukartta.hel.fi/fi/search?q=Iltap%C3%A4iv%C3%A4toiminta">https://palvelukartta.hel.fi/fi/search?q=Iltap%C3%A4iv%C3%A4toiminta

Additional information, complete if necessary				
To be taken into account regardi	ng the child's a	after-school activities, such as	s an expert opinion from a medical expert or a social worker.	
Consent				
I give my consent to the smorning and after-school			ordance with the file description of the City of Helsinki ***)	
Signature of the guard considered to be the g			uardian who has signed the form is	
Date	Signature a	and printed name		
To be completed by th			ation	
Date of filing the application	Recipient and activity unit			
To be completed by the	e person	preparing the decision	ion	
☐ Positive decision, 4 pm ☐ Positive decision, 5pm ☐ Negative decision	Start date	Service provider		
		After-school activity location		
Reasons for the decision (use ar	n appendix if n	ecessary)		
Date of proposal	Signature of	the representative of the after-	er-school activity location	