

Preliminary registration for Language Introduction Program

Date: _____

Contact information

First name:	Last name:
Date of birth:	SWE-number/dossier number:
Address in Sweden:	
Mobile phone number:	E-mail:
Contact information (Name, Phone number, e-mail) to parent/legal guardian/ other contact:	

Language

Native tongue/First language: _____

Need for translator? Yes ☐ No ☐

School background

Date of Arrival in Sweden: _____

Have you attended school in Sweden? Yes ☐ No ☐

If yes, for how long? _____

Name of previous school in Sweden? _____

In which municipality? _____

Contact information to previous teacher: _____

Did you attend school in your country? Yes ☐ No ☐

If yes, for how long? _____

When was your last day of school in your country? _____

Registration contact

Contact information to the person submitting this registration:	Role of person submitting this registration? (parent/ relative/ friend/ administrator/ legal guardian/ other):

Choose if applicable:

- Student belongs to "Etableringsenheten" ☐
- Student is asylum seeker ☐
- Student is EU-citizen ☐
- Student is family-based immigrant ☐
- Unknown status ☐

Send this form to:

Slussen
Tankegången 4
417 56 Göteborg

Or send by e-mail to: slussencsp@educ.goteborg.se