



Application Form Language Introduction

Date: _____

Personal information

First name:	Surname:
ID number:	ID number at Migrationsverket:
First language:	Arrival in Sweden:
Sex: Female <input type="checkbox"/> Male <input type="checkbox"/> Do not wish to tell <input type="checkbox"/>	
Adress: c/o: Street: Area Code: Town:	
Phone number:	
Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name, email and phone number of a parent or caretaker in Gothenburg:	

Educational background

Were you a prior student in Sweden??	Yes <input type="checkbox"/> How long? No <input type="checkbox"/>
Name of your former Swedish school:	

In which municipality is your former school?	
Name and phone number to your former teacher in Sweden:	
For how long were you in school in your former country?	
When did you leave school in your former country?	
Did you complete secondary school in your former country?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name and phone number of the person filling in this form (if not student):
Please, mark your relationship with the student: parent/relative/friend/staff/social secretary/career guide/teacher/other:
Please, mark the most suitable option:
The applicant is an asylum seeker Yes <input type="checkbox"/> No <input type="checkbox"/>
The applicant is a member of a state in the EU Yes <input type="checkbox"/> No <input type="checkbox"/>
The applicant has migrated to a relative Yes <input type="checkbox"/> No <input type="checkbox"/>
The applicant is registered with Etableringsenheten in Gothenburg: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other option:

Please, send this document to: sprakslussen@educ.goteborg.se

Or send by regular post to:

Utbildningsförvaltningen
Språkslussen
Box 5428
402 29 Göteborg

Location

Språkslussen, Ullevi, Mottagningsenheten, Skånegatan 6, Gothenburg
Phone: 0728-55 31 68.