Göteborgs Stad

# Application form

Date: _____

## Personal information

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

## Educational background

| | |
|---|---|
| Were you a prior student in Sweden? | Yes ☐ How long?<br><br>No☐ |
| 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 ☐ No ☐ |

| |
|---|
| Name and phone number of the person filling in this form (if not student): |
| **Please, mark your relationship with the student:**<br>parent/relative/friend/staff/social secretary/career guide/teacher/other: |
| **Please, mark the most suitable option:**<br><br>The applicant is an asylum seeker Yes ☐ No ☐<br>The applicant is a member of a state in the EU Yes ☐ No ☐<br>The applicant has migrated to a relative Yes ☐ No ☐<br>The applicant is registered with Etableringsenheten in Gothenburg: Yes ☐ No ☐<br><br>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, Skånegatan 11B, Göteborg
**Telephone**: 0703-86 80 43