



# APPLICATION – SFI

Swedish for immigrants

FIRST NAME	FAMILY NAME	PERSONAL CODE
STREET		
POSTAL CODE AND CITY		
PHONE NUMBER		
E-MAIL		
NATIONALITY	MOTHER TONGUE	
DATE OF ARRIVAL IN SWEDEN	PREVIOUS SFI STUDIES (COURSE, TEACHER, CITY)	

## LANGUAGE

- Can read and write mother tongue
- Can read and write Latin alphabet
- Can speak and understand English

Other languages: \_\_\_\_\_

## PREVIOUS EDUCATION

- primary school (year 1-9)                       high school (year 10-12)
- university     other education

Total years of studies: \_\_\_\_\_

## OTHER INFORMATION

- residence permit                                       registered in Karlshamns kommun
- refugee     other reasons for immigrating
- Establishment plan Arbetsförmedlingen      Employment officer : \_\_\_\_\_

Wish to start SFI month \_\_\_\_\_ 20 \_\_\_\_\_

DATE AND SIGNATURE
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### Send the application to:

Vägga vuxenutbildning  
Ann Nilsson  
374 81 KARLSHAMN

### Skolans anteckningar

- Inlagd i SFI SÖK                                      Kursstart: \_\_\_\_\_
- Kurs: \_\_\_\_\_