

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 mothe	☐ 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 To		otal years of studies:		
Other information				
residence permit		registered in Karlshamn kommun		
☐ refugee ☐		other reasons for immigrating		
Establishment plan Arbetsförmedlingen				
SFI studies				
Wish to study SFI:		daytime		e
Wish to start SFI month:			20	
DATE AND SIGNATURE				
Skalans autodicion		Send applicatio	n to: <u>a</u>	nn.nilsson@karlshamn.se
Skolans anteckning Inlagd i SFI SÖK				ägga vuxenutbildning nn Nilsson

Processing of personal data according to GDPR

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374 81 KARLSHAMN