Lärcentrum
Lïerehtimmiejarnge

Application for education in Swedish for immigrants

Personal data

First- and surname	Date of birth
Email	Phone number
Address	Postcode and city
Nationality	First language

☐ Can read and write in mother tongue

☐ Speak Swedish

☐ Can read and write in Swedish

☐ Received Swedish education

☐ Other Swedish studies

Studies

Highest education	Years in school

What are the reasons for your studies?

☐ Work ☐ Studies

Opportunity for distance studies:

☐ I want the opportunity to do my studies on distance (C eller D)

☐ I have access to my own computer and internet

Referred from;

☐ Arbetsförmedlingen ☐ Social services ☐ My own choice

Hjalmar Strömerskolan • Box 520 • 833 24 Strömsund
hjalmar.stromerskolan@stromsund.se • www.hjalmar.nu
Telefon 0670-161 00 växel

Lärcentrum
Lïerehtimmiejarnge

Signature

City and date	Signature

Application sends to:
Hjalmar Strömerskolan
Box 520
833 24 Strömsund

Fylls i av skolan

Folkbokföringskommun	Grupp
Kurs	Spår

Eleven är: ☐ Antagen ☐ Ej antagen

Datum för kursstart: _____

Underskrift skolan

Ort och datum	Underskrift rector

Vi behandlar dina personuppgifter enligt dataskyddsförordningen, GDPR. Läs mer på www.stromsund.se/gdprr