



SIGTUNASKOLAN HUMANISTISKA LÄROVERKET

Application for Summer Course in Swedish

Return by June 15th to: Sigtunaskolan Humanistiska Läroverket, P.O Box 508, 193 28 Sigtuna, Sweden.
Telephone +46 8 592 571 00, Telefax +46 8 592 572 50 mail info@sshl.se

SURNAME, FIRST NAME(S)	DATE OF BIRTH	SEX	
ADDRESS	CITIZENSHIP (IF NOT SWEDISH)		
TOWN (POSTCODE) COUNTRY			
NAME OF PARENT/GUARDIAN	TELEPHONE	MOBILE	
MOBILEADDRESS (IF DIFFERENT FROM ABOVE)	E-MAIL - IMPORTANT		
SUMMER ADDRESS (IF DIFFERENT FROM ABOVE)/CONTACT ADDR. SWEDEN			
TOWN, POSTCODE, COUNTRY	TELEPHONE HOME	TELEFAX	MOBILE

Tick in the appropriate box

- I have very little or no knowledge of Swedish.
- I understand and can produce simple written and spoken Swedish.
- I have satisfactory command of written and spoken Swedish for everyday situations.
- I have comprehensive knowledge of the Swedish language.

Details of present school

NAME OF SCHOOL	TOWN, COUNTRY	GRADE
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Mother tongue/Best language: _____

Hobbies and interests: _____

Allergies/Food preferences: _____

DATE

PUPIL'S SIGNATURE

SIGNATURE OF PARENT/GUARDIAN