



First name	Surname	National registration number
Citizenship		Native language
Address		Area code
Phone number	Name and phone number next of kin/relative	
e-mail	_____	
Knowledge of other languages		Earlier studies of Swedish for immigrants
1. _____		1. _____
2. _____		2. _____
3. _____		3. _____
Education from your home country	Number of years	
Occupation in your home country		

Arrived in Sweden _____ (date)		
Permanent residence permit <input type="checkbox"/> Yes Date of issue _____		
Date of national registration in Kristinehamn _____		
Have you lived shorter than one month at your current address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I want to start, month: _____		
City _____ Date _____	This square is to be filled out by staff at SFI	
Signature _____	Appointment with:	

Fill in the application form
 Infocenter
 Spelmansgatan 19
 Tel 0550-886 90

Postaladdress
 SFI
 3. Brogårdsgymnasiet
 681 84 Kristinehamn

Telephone
 0550-883 66 Introduction
 0550-874 08 Student counseling