

**PreIB Application Form**

**Per Brahegymnasiet**

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| **Student info.** | Family name | | | Address: | |
| First name(s): | | | Postal code: | |
| Swedish personnummer/date of birth: | | | City: | |
| Nationality: | | | Country: | |
| Years of learning experience in English: | | | Phone: | |
| Mother tongue: | | | Email: | |
| Language spoken at home: | | | Current school: | |
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| **Mother/Guardian** | Family name | | | Address: | |
| First name(s): | | | Postal code: | |
| Nationality: | | | City: | |
| Phone: | | | Country: | |
| Email: | | |  | |
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| **Father/Guardian** | Family name | | | Address: | |
| First name(s): | | | Postal code: | |
| Nationality: | | | City: | |
| Phone: | | | Country: | |
| Email: | | |  | |
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| **NB** | We must receive information regarding special challenges (physical, psychological, | | | | |
| learning-related) that could influence the education of the applicant. Copies of documentation, | | | | |
| references from doctors or the like should be attached and will be treated in full confidence | | | | |
| and destroyed if the application is withdrawn. | | |  | |
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| **Swedish** | **Which of these categories best describes your Swedish skills? Please circle the best fit.** | | | | |
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| Fluent/First language | | |  | |
| Good/Second language | | |  | |
| Some Swedish (conversational skills) | | |  | |
| No Swedish | | |  | |
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| **If Swedish is not your first language, please describe your experience with Swedish - for** | | | | |
| **example, if you have studied any courses or how long you have lived in Sweden.** | | | | |
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| **Language** | **Students that speak Swedish have the opportunity to continue with their studies** | | | | |
| **in French, German or Spanish (*Steg 3*). This is not mandatory.** | | |  | |
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| **Please circle one of the following if you would like to study an extra language:** | | | | |
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| French | | |  | |
| German | | |  | |
| Spanish | | |  | |
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| **Required documents** | | |  | |
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| 1. Most recent report card | | |  | |
| 2. Personal statement (apporoximately 500 words about yourself and your motivation for applying | | | | |
| to PreIB at Per Brahegymnasiet). | | |  | |
| 3. Photocopy of your Swedish passport, Swedish national residence card or an explanation of when | | | | |
| these will be available to you. | | |  | |
| 4. Information regarding special challenges that could influence the education of the applicant. | | | | |
| Copies of documentation/references from doctors should be attached and will be treated in full | | | | |
| confidence and destroyed if the application is withdrawn. | | |  | |
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| **Contact information** | | |  | |
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| Please email the application, including the required documents to Janine.bokor@jonkoping.se. | | | | |
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| Janine Bokor | | |  | |
| IB Diploma coordinator | | |  | |
| Per Brahegymnasiet | | |  | |
| Residensgatan 7 | | |  | |
| 55316 Jönköping | | |  | |
| Sweden | |  |  | |
| Tel: +46 36 103810 | | |  | |
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| The deadline for applications is April 10th. | | |  | |
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| Late applications may be considered. | | |  | |
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| **Date** |  | | |  | |
|  |  | | |  | |
| **Signature** |  | | |  | |