

**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| and destroyed if the application is withdrawn.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.** |
|  |   |
| 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:** |
|   |   |
| 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** |   |
|   |  |   |
| Please email the application, including the required documents to Janine.bokor@jonkoping.se. |
|   |  |   |
| 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. |   |
|  |  |
| **Date** |   |   |
|  |  |  |
| **Signature** |   |   |