

**IB Application Form**

**Per Brahegymnasiet**

|  |  |  |
| --- | --- | --- |
| **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:  |
|  |  |  |
|  |  |  |
| **Mother/Guardian** | Family name | Address: |
| First name(s): | Postal code: |
| Nationality: | City: |
| Phone: | Country: |
| Email: |   |
|  |  |  |
|  |  |  |
| **Father/Guardian** | Family name | Address: |
| First name(s): | Postal code: |
| Nationality: | City: |
| Phone: | Country: |
| Email: |   |
|  |  |  |
|  |  |  |
| **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| and destroyed if the application is withdrawn.  |   |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Please choose your subjects below - 3 at Higher Level and 3 at Standard Level.** |
| **Choose one subject from Groups 1-5.** |
| **Choose a sixth subject from Groups 2-4.** |
| **It is possible to have two subjects in Group 1 and none in Group 2.** |
|  |
|  |  | **Subject** | **SL** | **HL** |
| **Group 1** | **Language A** | Swedish |   |   |
|  |  | English |   |   |
|  |  | Native language - self taught |   |   |
|  |  |   |   |   |
| **Group 2** | **Language B** | English B |   |   |
|  |  | Swedish B |   |   |
|  |  |   |   |   |
|  | **Language ab initio** | Swedish ab initio |   |   |
|  |  |   |   |   |
| **Group 3** | **Individuals** | Economics |   |   |
|  | **and Societies** | History |   |   |
|  |  | Psychology |   |   |
|  |  |   |   |   |
| **Group 4** | **Experimental** | Biology |   |   |
|  | **Sciences** | Chemistry  |   |   |
|  |  | Physics |   |   |
|  |  |   |   |   |
| **Group 5** | **Mathematics** | Applications & Interpretations |   |   |
|  |  | Analysis & Approaches |   |   |
|  |  |   |   |   |
| **Group 6** | **Extra subject** | Write here: |   |   |
|  | **from Group 2, 3 or 4** |   |   |   |
|  |  |  |
|  |  |  |
| **Please note: Per Brahegymnasiet cannot guarantee that all of your choices can be met. There** |
| **must be a certain number of students that choose the course. We will also look at the student** |
| **choices to determine which subjects will be blocked in order to create a good schedule** |
| **for the class.** |
| **Required documents** |   |
|   |  |   |
| 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. |   |
|  |  |  |
| **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 36103810 |   |
|   |  |   |
| The deadline for applications is April 1. |   |
|   |  |   |
| Late applications may be considered. |   |
|  |  |
| **Date** |   |   |
|  |  |  |
| **Signature** |   |   |