



Ansökningsblankett SFI-undervisning

Last name, first name:		Swedish social security number:
Nationality:		Gender:
Arrival to Sweden:	Arrival to Sorsele:	Mobile nr.
Address:		Hem telefon:
Native language:	Additional language:	
For how many years have you gone to school?	Which language was used in school?	
Professional background:	Todays date:	
What written language was used in school?	Wish to start SFI this date:	
Allergies or special diets:		
Referred by: Arbetsförmedlingen <input type="checkbox"/> Socialtjänsten/IFO <input type="checkbox"/> own choice <input type="checkbox"/>		
Other information/wishes:		

Signature:	Phone number:
Address:	
E-mail:	
The form has been written together with:	Phone number:

BOU-Kansliets anteckningar:

It is important that as many answers as possible are entered in this form.

The municipalitys decision
Application approved <input type="checkbox"/> Application denied <input type="checkbox"/>
Justification for refusal:
Principals signature: _____ Date: _____