



Application for enrollment – new student

Name: _____ ID number: _____

Address: _____ Postnr: _____

City: _____ Tel.nr: _____

Previous school: _____ Programme: _____

Program you wish to study: _____ Year level: _____

IB subject choices: 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Modern language: _____ step _____

Student's signature

Parent/Guardian signature

Application approved / not approved

Date: _____

Signature: _____

Elisabeth Gejrot
Principal

To be completed by the school administration

Hemkommunen godkänt interkommunal ersättning _____

Reg. Procapita, Novaschem, datum o signatur: _____