

APPLICATION TO UPPER SECONDARY SCHOOL PROGRAM

Mark which year you are applying for:*

Year 1 <input type="checkbox"/>	Year 2 <input type="checkbox"/>	Year 3 <input type="checkbox"/>
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Student's Name*	Personal Number (10 digits) or Date of birth *
Address*	Postal Code and City*
Student's Mobile*	Student's Email*
Current School/Workplace	Class

CHOICE OF PROGRAM*

First Choice of Program	City and School Preference
First Language Choice	Second Language Choice
Second Choice of Program	City and School Preference
First Language Choice	Second Language Choice
Third Choice of Program	City and School Preference
First Language Choice	Second Language Choice

OTHER

Native language	Swedish as a Second Language (check your answer*)	Other Choice (LIU, NIU ect)
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SIGNATURE

Date and Student's Signature:*

INFORMATION

This form is used when you are not enrolled in any school in our district and therefore cannot apply online.

* = mandatory information

By signing, you consent to Gymnasieantagning Nord having the right to process the above personal data. This is to provide the service according to GDPR rules. Read more on our website: www.gymnasieantagningnord.se about our privacy policy.

Fill in the form, print it, sign it, and send it to:

Luleå Kommun
Gymnasieantagning Nord
971 85 Luleå
Email: gymnasieantagningnord@lulea.se