

When you apply for the IB as one of your options for upper secondary education, you are also asked to fill in this

Application for the International Baccalaureate Diploma Program

	d it to the address below. This is to at www.katedral.se/ib/). Please fi		ganize	the language groups in the fi	rst year. (This form is
Swedish perso	onal ID number (personnummer)				
(if you don't l	have one, fill in date of birth YY/N	MM/DD)			
Name:					
Address:	Street				
	Postal code, town				
	Country				
Telephone:			Mobile phone (if any):		
E-mail address (if any):			Current school:		
I have chosen the IB as choice number:			My strongest language (or native language) is:		
Please check	the language/s that you are	Langua	nge	I am currently studying	Years studied
currently studying and note how many years you have studied the language.		English		Tum currency studying	Tours studied
		Swedish			
	French				
	German				
		Spanish			
	Other lang				
					•

Please send this form by ordinary mail or fax (+46-18-56 81 01) or email ($\underline{ib@katedral.se}$) no later than 15 February 2019 to

Student signature

Katedralskolan International Baccalaureate S-753 75 Uppsala Sweden

Katedralskolan, 753 75 Uppsala, Sweden

Visitors: Skolgatan 2.

Date

Telephone: +46-18-56 81 27; Mobile: +46-708-21 66 03; Fax: +46-18-56 81 01. <u>www.katedral.se</u>

