

Application International Baccalaureate Diploma Programme DP2

Student's family name _____

First name(s) _____

Swedish personal identity number (or date of birth) _____

Passport _____ Male Female

Language spoken at home _____

Other languages _____

Foreign language(s) studied for two years or more _____

Name of parents/guardians _____

Home address _____

Telephone _____

E-mail address _____

Expected starting date _____

How long do you expect to attend Växjö Katedralskola? _____

Any special needs _____

Diploma subjects (3 HL and 3 SL)

Group 1: Language A _____

Group 2: Language B _____

Group 3: _____

Group 4: _____

Group 5: _____

Group 6: _____

P.T.O.

Name of current school _____ Grade _____

Address _____

Language of instruction _____

Name of school principal _____

E-mail address _____

Total years of school completed (excluding pre-school) _____

Please attach a copy of your Academic Assessment Calendar.

Signature (applicant) _____ Date _____

Signature (guardian) _____ Date _____

Please send the application to:

Gilles Kennedy
IB Diploma Coordinator
Växjö Katedralskola
Samuel Ödmanns väg 1
352 39 Växjö
Sweden

Or e-mail application to: Gilles.Kennedy@vaxjo.se

Please attach a copy of the applicant's latest grade report (in English)