

APPLICATION FORM

MAUNULAN YHTEISKOULU INTERNATIONAL CLASSES, Grades 7 – 9

Kuusikkotie 3
00630 Helsinki

Email: inkeri.miekkavaara@mayk.fi

APPLICANT'S PERSONAL INFORMATION

Last name

First name(s)

Social security number / Date of birth

Gender: girl boy

Nationality

Language used at home

Religion

Other languages studied/spoken

Street address

Postal code & city

Phone number

Email

Previous school

Date of resignation from previous school

Arrival in Finland: When and where from

GUARDIANS

Mother's full name

Father's full name

Mother's full address (if different from applicant's)

Father's full address (if different from applicant's)

Mother's phone number

Father's phone number

Mother's email

Father's email

Please, turn over →

APPLICANT'S ENGLISH LANGUAGE SKILLS

| | Excellent | Good | Fairly good | Satisfactory | Poor |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Speaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Listening / Understanding of spoken English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Excellent | Good | Fairly good | Satisfactory | Poor |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ability to speak and understand Finnish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | At daycare | At school | At home | Abroad, where: |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| Where has she/he learned English? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> _____ |

Any other relevant information you wish to share:
