



## PORTUGUESE AS A HOST LANGUAGE

### REGISTRATION FORM

|                               |                 |     |
|-------------------------------|-----------------|-----|
| For school office use<br>only | Internal number | No. |
|                               | SIGO            | No. |

|                                                                                                       |                                                                                                                                                                   |                                                                      |                                     |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|
| Name:                                                                                                 |                                                                                                                                                                   |                                                                      |                                     |
| Date of birth                                                                                         |                                                                                                                                                                   | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male |                                     |
| Identification Document                                                                               | <input type="checkbox"/> Residence Permit                                                                                                                         | No. _____                                                            | Expiry Date ____/____/____          |
|                                                                                                       | In case you don't have a Residence Permit                                                                                                                         |                                                                      |                                     |
|                                                                                                       | <input type="checkbox"/> Passport                                                                                                                                 | No. _____                                                            | Passport Expiry Date ____/____/____ |
|                                                                                                       | <input type="checkbox"/> Proof that the procedure for extending the stay in national territory or for granting or renewing a residence permit has been initiated. |                                                                      |                                     |
|                                                                                                       | <input type="checkbox"/> Proof of submission of the application for international protection or temporary protection.                                             |                                                                      |                                     |
| <input type="checkbox"/> Proof of the allocation of the Social Security Identification Number (NISS). |                                                                                                                                                                   |                                                                      |                                     |

|                             |           |
|-----------------------------|-----------|
| Personal NIF                | No. _____ |
| NISS/Social Security Number | No. _____ |
| Nationality                 |           |
| Country of Origin           |           |

| Address |  |         |       |
|---------|--|---------|-------|
|         |  |         |       |
| Phone 1 |  | Phone 2 | Email |

|                          |                                                     |
|--------------------------|-----------------------------------------------------|
| Level you wish to attend | <input type="checkbox"/> A1 Basic User (75 hours)   |
|                          | <input type="checkbox"/> A1+ A2 - Basic User (150h) |

| Class Schedule Preference |
|---------------------------|
|                           |

| Comments |
|----------|
|          |

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_