



Parents/Guardian should return this form to the address below by **March 10<sup>th</sup>, 2020**

Forms arriving after the deadline will not normally be taken into consideration. Please note that in addition to this application form, the applicant's current school should fill out and send us 'the appraisal of applicant/IB1'-form accompanied by a copy of the applicant's most recent report card. There will be no entrance exam for IB1.

Address:  
Helsingin Suomalainen Yhteiskoulu  
IB Section  
Isonnevantie 8  
00320 Helsinki, Finland

Further information:  
Telephone: +358- 45-77314800  
E-mail: [ibteam@syk.fi](mailto:ibteam@syk.fi)  
Internet: [www.syk.fi/ib](http://www.syk.fi/ib)

## STUDENT APPLICATION FOR ADMISSION/IB1

Applicant's name \_\_\_\_\_ Sex F/M  
Family name First Middle

Applicant's e-mail address \_\_\_\_\_ Tel. \_\_\_\_\_

Social security number \_\_\_\_\_ Date and place of birth \_\_\_\_\_

Nationality \_\_\_\_\_ Expected date of enrolment \_\_\_\_\_

Grade to which admission is requested \_\_\_\_\_

Principal language spoken at home \_\_\_\_\_

### Parents/Guardians:

Names \_\_\_\_\_

Nationality (father) \_\_\_\_\_ (mother) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant's address if different from above: \_\_\_\_\_

### Last school attended:

Name \_\_\_\_\_

Address \_\_\_\_\_

Grade/Form last completed \_\_\_\_\_

Date of leaving school \_\_\_\_\_

**Please turn over**



**Your reasons for applying to SYK IB Diploma Programme:**

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**Please sign below:**

_____	_____
Date	Signature (Father/Mother/Guardian)
_____	_____
Date	Signature (Applicant)

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00320 HELSINKI