POLITÉCNICO DE SANTARÉM
ESCOLA SUPERIOR DE EDUCAÇÃO

Enrolment form – International week
20th – 24th April 2026

Personal Data

Name: _____

Age:_____

Gender:

_____

Home Address:

Street:_____

Postal Code and City:_____

Country:_____

Mobile Phone (incl. country code):_____

E-mail:_____

Chronical diseases that needs special treatments:

_____

Allergies:

_____

Nourishment :

- **Vegetarian ___Yes ___No**
- **Other restrictions:**

  _____

In case of emergency contact:

Name:

_____

Phone (incl. country and local code):

_____

Mobile Phone (incl. country code):

_____

Email:_____

Bring your European Health Security Card or your private Health Insurance Card

Home Institution
Official name:_____

_____

International coordinator:

Name:_____

Phone:_____

Fax:_____

E-mail :_____

Current studies
Field of study at home university: -

_____

Number of completed school years:-

_____

Language Competence

Mother tongue:

How do you estimate your language competence (poor; fair; good) concerning:

	Understanding	Speaking	Writing	Reading
English				
French				
Spanish				
Portuguese				

Travel informations	Date	Code Flight	Hour	Observations
Arrival at Lisbon airport				
Departure from Lisbon airport				

Please **send this information to**:

Sofia Ferreira and George Camacho

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