



PORTUGUESE LESSONS FOR FOREIGNERS (2026/2027)
REGISTRATION FORM

IDENTIFICATION	
Name _____	Date of birth ____ / ____ / ____
Gender _____ Country of origin _____	Arrival date in Portugal ____ / ____ / ____
Identification document _____	
Identification number _____	
Address _____	
Zip Code _____ - _____ - _____	
Phone _____	Mobile _____ Email _____
Academic degree: _____	
Profession/career in your country of origin: _____	
Profession/career in Portugal: _____	
Level of knowledge of the Portuguese language: ☐ None ☐ Little ☐ Some	
Have you ever had Portuguese classes? ☐ Yes ☐ No	

PRETENSION					
I want to register in (mark with X):					
Level	Class	Location	Week Day	Time	Subscription
A1 Beginner	A	Viana do Castelo Cultural Center (Training Room) Praça Marques Júnior 4900-344 Viana do Castelo	Wednesday	10.00 am - 12.00 pm	☐
	B	Santa Maria Maior High School (Room 2.28) Rua Manuel Fiúza Júnior 4901-872 Viana do Castelo	Wednesday	5.30 pm - 7.30 pm	☐
A2 Intermediate	C	Santa Maria Maior High School (Room 2.28) Rua Manuel Fiúza Júnior 4901-872 Viana do Castelo	Thursday	2.30 pm - 4.30 pm	☐
B1 Advanced	D	Santa Maria Maior High School (Room 2.28) Rua Manuel Fiúza Júnior 4901-872 Viana do Castelo	Monday	2.00 pm - 4.00 pm	☐
	E	Santa Maria Maior High School (Room 2.28) Rua Manuel Fiúza Júnior 4901-872 Viana do Castelo	Tuesday	2.30 pm - 4.30 pm	☐

- ☐ I authorize the processing of my personal data by the Câmara Municipal de Viana do Castelo within the scope of activities promoted for migrants.
- ☐ I declare, under oath, that the information provided in this form is true and accurate.

DATE AND SIGNATURE	
The applicant , _____	
Asks for approval, Viana do Castelo, ____/____/____, _____	

REQUESTED DOCUMENTS	
Mark the document presented with the registration form in the blank box	
☐	Identification document