Câmara Municipal de Viana do Castelo

PORTUGUESE LESSONS FOR FOREIGNERS (2024/2025)

REGISTRATION FORM

IDENTIFICATION

Name _____ Date of birth ___ / ___ / _____

Gender _____ Country of origin _____ Arrival date in Portugal ___ / ___ / _____

Identification document _____ Identification number _____

Adress _____

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	Serviços Sociais dos Trabalhadores Municipais de Viana do Castelo |Praça D. Maria II, nº 113 | 4900-489 Viana do Castelo	Wednesday	10h00-12h00	○
	B	Escola Secundária de Santa Maria Maior (sala 2.28) Rua Manuel Fiúza Júnior | 4901-872 Viana do Castelo	Wednesday	17h30-19h30	○
A2 Intermediate	C	Online - Microsoft Teams	Tuesday	10h00-12h00	○
	D	Escola Secundária de Santa Maria Maior (sala 2.20) Rua Manuel Fiúza Júnior | 4901-872 Viana do Castelo	Thursday	14h30-16h30	○
B1 Advanced	E	Escola Secundária de Santa Maria Maior (sala 1.10) Rua Manuel Fiúza Júnior | 4901-872 Viana do Castelo	Tuesday	14h30-16h30	○
	F	Serviços Sociais dos Trabalhadores Municipais de Viana do Castelo | Praça D. Maria II, nº 113 | 4900-489 Viana do Castelo	Thursday	14h00-16h00	○

☐ I authorize the processing of my personal data by the Câmara Municipal de Viana do Castelo within the scope of activities promoted for migrants.

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