

**INTERNATIONAL SCHOOL  
San Salvador, El Salvador  
APPLICATION FOR ADMISSION**

**STUDENT'S INFORMATION**

NAME \_\_\_\_\_ Sex M \_\_\_ F \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Nationality (ies) \_\_\_\_\_

Grade for which applying \_\_\_\_\_ Grade completed at previous school \_\_\_\_\_

Name of previous school (if applicable) \_\_\_\_\_ City and Country \_\_\_\_\_

Does the child have any physical disabilities which the school should be aware of? \_\_\_\_\_

If yes, please describe briefly \_\_\_\_\_

**INFORMATION CONCERNING STUDENT'S FAMILY:**

Father's name \_\_\_\_\_ Nationality (ies) \_\_\_\_\_

Profession \_\_\_\_\_ Employer \_\_\_\_\_

Employer's telephone \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Nationality (ies) \_\_\_\_\_

Profession \_\_\_\_\_ Employer \_\_\_\_\_

Employer's telephone \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell phone \_\_\_\_\_

Child's Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home telephone(s) \_\_\_\_\_ E-mail address \_\_\_\_\_

Languages spoken at home \_\_\_\_\_

\_\_\_\_\_  
Parent's or Guardian's signature

**FOR OFFICE USE ONLY**

Date of Application \_\_\_\_\_

Date examined \_\_\_\_\_