

INTERNATIONAL SCHOOL OF SAN SALVADOR
San Salvador, El Salvador
APPLICATION FOR REENROLLMENT



Student's Information

Child's name _____ Last names _____ GRADE _____

Allergies or any physical disability _____

Father's name _____ Profession _____

Employer _____ Employer's telephone _____

E-mail address _____ Cell phone _____

Mother's name _____ Profession _____

Employer _____ Employer's telephone _____

E-mail address _____ Cell phone _____

Child's address _____

Mailing address (if different) _____

Home telephone (s) _____ e-mail address _____

Legal Guardian _____

Home address _____ Home telephone _____

Employer _____ Cell phone _____

E-mail address _____