



# Woodside International School Application for Admission

1555 Irving Street  
San Francisco, CA 94122  
(415) 564-1063 phone  
(415) 564-2511 fax  
info@wissf.org

## Applicant Information

Student's Legal Name: \_\_\_\_\_  
First Middle Last

Nickname/American Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ Country (if applicable): \_\_\_\_\_

Applying for Grade: \_\_\_\_\_, Beginning (month/year): \_\_\_\_\_ / \_\_\_\_\_ Student's Email: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Languages spoken at home: \_\_\_\_\_

**How did you hear about Woodside?** \_\_\_\_\_

## Current/Last School Information

School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Previous school(s) and grade(s): \_\_\_\_\_

\_\_\_\_\_

**PLEASE TURN OVER** →

### Application Directions:

Mail this completed form (both sides) to Woodside International School at the above address, enclosing a \$70 application fee and the necessary application materials. Refer to the "How to Apply to W.I.S" information sheet for documents needed from your previous school. International students should follow the directions on the "How to Apply to W.I.S. if You Need a Student Visa" information sheet. Please call or email us if you have questions.

### FOR OFFICE USE ONLY

Application: _____	Interview: _____	ISF: _____
Transcript: _____	Follow-up: _____	I-20: _____
Test Scores: _____	Accepted: _____	File rec: _____
Reference: _____	Denied: _____	Reg. Fee: _____
Immunization: _____	Confirmed: _____	WF: _____
Bank Ref: _____	Notes: _____	

**Family Information**

Parent/Guardian 1

Name: _____	Relationship to Applicant: _____
Address: _____	City: _____ State: _____ Zip: _____
Address Line 2: _____	Country (if applicable): _____
Home Phone: _____	Home Fax: _____ Cell Phone: _____
Employer: _____	Position: _____
Work Phone: _____	Work Fax: _____ Other #: _____
Email Address: _____	

Parent/Guardian 2

Name: _____	Relationship to Applicant: _____
Address: _____	City: _____ State: _____ Zip: _____
Address Line 2: _____	Country (if applicable): _____
Home Phone: _____	Home Fax: _____ Cell Phone: _____
Employer: _____	Position: _____
Work Phone: _____	Work Fax: _____ Other #: _____
Email Address: _____	

Additional/Emergency Contact:

Name: _____	Relationship to Applicant: _____
Home Phone: _____	Cell Phone: _____

Additional information you would like to provide (if any): _____ _____ _____
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**Confidentiality:**

The undersigned understands that all school records and information pertaining to the application of the named student shall be kept confidential and shall not be disclosed to others without her/his express permission.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_