



ADMISSION APPLICATION FORM

APPLICANT'S INFORMATION

FULL NAME: _____

BIRTH DATE: ___/___/___ RUT OR PASSPORT N°: _____ GRADE YOU ARE APPLYING TO: _____

NATIONALITY: _____ RELIGION: _____

REPETITION: NO _____ YES _____ GRADE: _____ YEAR _____

LAST SCHOOL ATTENDED: _____

HOME ADDRESS _____ DISTRICT _____

INSURANCE: _____ HEALTH PREVISION: (Isapre, Fonasa etc) _____

PHONE _____ CONTACT IN CASE OF EMERGENCY: _____

IN CASE OF NOT HAVING INSURANCE TRANSFER TO _____

FAMILY (WHO THE STUDENT LIVES WITH): MOTHER ___ FATHER ___ OTHER RELATIVES _____

LEGAL STATUS OF THE PARENTS: MARRIED ___ SEPARATED/DIVORCED ___ OTHER _____

FATHER'S INFORMATION

FULL NAME: _____

RUT OR PASSPORT N°: _____ - BIRTH DATE: ___/___/___

MOBILE PHONE: _____

PHONE _____ EMAIL _____

PROFESSION OR ACTIVITY: _____

COMPANY _____ OFFICE PHONE: _____

MOTHER'S INFORMATION

FULL NAME: _____

RUT OR PASSPORT N°: _____ - BIRTH DATE: ___/___/___

MOBILE PHONE: _____

PHONE _____ EMAIL _____

PROFESSION OR ACTIVITY: _____

COMPANY _____ OFFICE PHONE: _____

SCHOOL GUARDIAN

RELATIONSHIP WITH THE STUDENT: _____

FULL NAME: _____

R.U.T OR PASSPORT N°: _____ - PHONE: _____

EMAIL _____

HOW DID YOU KNOW ABOUT SOUTHLAND SCHOOL: _____