

International School Zurich North Industriestrasse 50 CH-8304 Wallisellen

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## **Application Form**

Date of possible enrolr	ment:			
Family Name: _				_
Phone:	Email:			
Moving from:				
Company Name: _				
Student's Name: _				
Current Grade:	DOB:	(dd/mm/	yyyy) Gend	er: 🗖 M 🗖 F
Mother tongue:				<del>_</del> _
English knowledge	German knowledge		Frenc	ch knowledge
Most recent school a Full name and address	ttended s, phone number and er	mail	Dates of atten	dance
			From	То
			mm / yyyy	mm / yyyy
Phone		E-Mail		
To	complete this app	lication, it is	s necessary to	o provide
i	the school with the	e 2 most red	ent school re	eports.
How did you get to k	now about our school	(Please mark	)?	
	/ Other parents / ts (Name)  fon you feel the school			ocation agent / Employer
				our school community?
	Filled	in by the school	ol	
Contacted by:	□ mail	□ phone	□ website	□ relocation company
Date of initial enquiry:			Date of vis	sit:
Date of Trial Day:				