

# First Heritage International School

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## ENROLLMENT FORM

Enrollment date: \_\_\_\_\_

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Home tel: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Employed by: \_\_\_\_\_

Home tel / cell: \_\_\_\_\_

Business tel: \_\_\_\_\_

e-mail: \_\_\_\_\_

Father's name: \_\_\_\_\_

Employed by: \_\_\_\_\_

Home tel / cell: \_\_\_\_\_

Business tel: \_\_\_\_\_

e-mail: \_\_\_\_\_

Religion: \_\_\_\_\_

Kind of punishment used at home: \_\_\_\_\_

Does your child have any medical problem? \_\_\_\_\_

Allergy: \_\_\_\_\_

Persons to be notified in an emergency:

Mother / Father

Other:

Name: \_\_\_\_\_

telephone #: \_\_\_\_\_

Name: \_\_\_\_\_

telephone #: \_\_\_\_\_

Person permitted to remove child:

Mother / Father

Other:

Name: \_\_\_\_\_

telephone #: \_\_\_\_\_

Name: \_\_\_\_\_

telephone #: \_\_\_\_\_

How did you hear about First Heritage International?

\_\_\_\_\_  
\_\_\_\_\_

## Release for Emergency Care

I hereby give my consent to any emergency facility and physician to transport and administer necessary medical treatment

to my child. I understand that my child will be transported in an emergency if I am unable to be reached or if the medical

situation necessitates immediate transportation to an emergency facility.

I understand and agree to the policies mentioned.

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_