First Heritage International School Address: Rosalinastraat 27, Kwatta

Address: Rosalinastraat 27, Kwatta Paramaribo, Suriname Tel: 597- 410 258, 597- 082 00164 Email: info@fhi-school.com Website: www.fhi-school.com

ENROLLMENT FORM

Name:	Enrollment date:	
Mother's name: Employed by:	Name:	Birth date:
Home tel / cell:	Address:	Home tel:
Home tel / cell:	Mother's name:	Employed by:
Father's name: Employed by:	Home tel / cell:	Business tel:
Home tel / cell:	e-mail:	
Home tel / cell:	Father's name:	Employed by:
e-mail:	Home tel / cell:	Business tel:
Kind of punishment used at home:	e-mail:	
Kind of punishment used at home:	Religion:	
Allergy: Persons to be notified in an emergency: Mother / Father Other: Name:		
Allergy: Persons to be notified in an emergency: Mother / Father Other: Name:	D	
Persons to be notified in an emergency: Mother / Father Other: Name:		
Mother / Father Other: Name:		
Other: Name:		
Name:		
Person permitted to remove child: Mother / Father Other: Name:		telephone #:
Mother / Father Other: Name:		
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.	Mother / Father	
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.	Name:	telephone #:
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Parent signature: Date:	medical treatment to my child. I understand that my child will be tran or if the medical situation necessitates immediate transportation to	nsported in an emergency if I am unable to be reached
	Parent signature:	Date: