



Network of International
Christian Schools

International Academy of Suriname

Lawtonlaan 20
Paramaribo, Suriname

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APPLICATION FOR ENROLLMENT for 2009/2010

Student Information:

Date _____

A. Family Name _____ First Name _____

Check one Male Female Applying for grade _____

Date of Birth _____ Place of Birth _____

List all passports the child holds.

Passport # _____ Country _____

Passport # _____ Country _____

What countries has the child lived in? _____

How long has the child lived in Suriname? _____

B. Last grade/level completed _____ Current grade level _____

Last school attended _____

Address of school _____

School Telephone _____ School Email _____



Accredited by the Southern Association of Colleges & Schools

C. What is your child's level of English? (Please check one.)

- Native speaker
- Speaks fluently but could improve
- Understands English but does not speak English
- Little or no exposure to English

Language(s) spoken in home _____

Language spoken by child when given a choice _____

Family Addresses:

A. Address in Suriname _____

_____ Phone _____

B. Address in home country _____

Family Information:

A. Father's Name _____ Cell Phone _____

Employed by _____ Work Phone _____

Father's email _____

B. Mother's Name _____ Cell Phone _____

Employed by _____ Work Phone _____

Mother's email _____

C. Names of brothers and sisters:

<u>Name</u>	<u>Age</u>	<u>Boy/Girl</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Work Done by Parents	Father check one	Mother check one
Christian Missionary or NGO		
Secular NGO (Medical, Social Work, etc.)		
International Business		
Local Business		
Educator		
Student		
Other Military		
Embassy/Diplomat		
Local Government		
Homemaker		
Retired		

Parents religious preferences	Father Check one	Mother Check one
Atheist		
Bahai		
Buddhist		
Catholic		
Church of England		
Hindu		
Jewish		
Orthodox Church		
Protestant/Evangelical		
Mormon		
Muslim		
No Preference		
Other (please list)		

For Office Use Only

Application Fee Paid _____

Testing Dates _____

School Records _____

Health Records _____

Notes: