



International Academy of Suriname Enrollment Packet





APPLICATION FOR ENROLLMENT

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 _____

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 passport citizenship _____

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>Male/Female</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Religious Preference	Student	Father	Mother
Atheist			
Bahai			
Buddhist			
Catholic			
Church of England			
Hindu			
Jewish			
Orthodox Church			
Protestant / Evangelical			
Mormon			
Muslim			
No Preference			
Other (please list)			

Additional Required Forms:

Transcripts/Records from previous schools

Immunization Records

Copy of Passport (Student)

Copy of Passport (Parent/Guardian)

Proof of Insurance