



## HOME SCHOOLING APPROVAL STANDARDS

Indicate the correct response by placing a tick  in each appropriate space. A “yes” response indicates assurance that a standard will be met and/or understanding of the meaning of the item.

1. The teacher who is to teach in the home is a licensed teacher.  Yes  No
2. Appropriate documentation for item #1 is attached.  Yes  No
3. The instruction day is at least 5 hours, excluding lunch and recesses.  Yes  No
4. The instructional year is at least 185 days.  Yes  No
5. The curriculum includes the area of reading, writing, mathematics, sciences, and social studies and in years.  Yes  No
6. A plan book or other written record indicating subjects and activities is maintained.  Yes  No
7. A portfolio of samples of the students’ academic work is maintained.  Yes  No
8. A record of evaluations of the students’ progress is maintained.  Yes  No
9. A semi-annual progress report, including attendance records and individualized assessments of the students’ academic progress in each instructional area, is submitted to the Department of Education services.  Yes  No
10. Records are maintained in a form that can be readily reviewed by the Department of Education Services.  Yes  No
11. Library facilities are available to the student. (A valid library card is acceptable in meeting this requirement)  Yes  No
12. Parents will not hold the Government or the Department of Education Services employees responsible for any educational deficiencies.  Yes  No
13. A written description of the program, the texts and materials to be used, the method of program evaluation and the place of instruction are attached.  Yes  No

The decision to approve, disapprove, continue or discontinue a request will be made annually and will be based on the criteria established by the Department of Education Services and approved by the Education Council.



DES Official  
Stamp Here

# Home School Registration Form

<b>Section 1</b>			<b>Student's Information</b>			<b>School Year: 2017/18</b>		
Last Name:		First Name :		Middle Name:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Preferred <b>F</b> irst Name:		Date of Birth: (dd/mm/yy)		Country of Birth:				
Nationality: <input type="checkbox"/> Caymanian <input type="checkbox"/> Other: _____								
House Number & Street Address:						District:		
<b>Section 2</b>								
<b>Designated Teacher/Educator</b>								
First and Last Name:			Cellular:		Email:			
Home/School Address:						District:		
<b>Section 3</b>								
<b>Primary Parent/Guardian</b>								
Last Name:			First Name:			Relationship to student:		
House Number & Street Address:					District:		PO Box:	Post Code:
Cellular:	Work Phone:		Ext.	Home Phone:		Email:		
<b>Section 3.1</b>								
<b>Secondary Parent/Guardian</b>								
Last Name:			First Name:			Relationship to student:		
House Number & Street Address:					District:		PO Box:	Post Code:
Cellular:	Work Phone:		Ext.	Home Phone:		Email:		
<b>Section 4</b>								
<b>Parental Responsibility/Legal Custody</b>								
Do individual's named above in <u>sections 3 and 3.1</u> have parental responsibility of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>If no, kindly attach official Court documents showing who has parental responsibility.</b>								
<b>Section 5</b>								
<b>Parent/Guardian Statement</b>								
The checklist has been completed indicating that all requirements will be met. All information provided is understood and will be observed.								



**DEPARTMENT OF  
EDUCATION SERVICES**  
CAYMAN ISLANDS GOVERNMENT

<b>Section 6</b>		<b>Information Verification Statement</b>	
<b>Section 6.1</b>		<b>Parental Responsibility/Legal Custody Declaration</b>	
I, _____ (print name) declare that I am the <b>only</b> parent with parental responsibility/legal custody to sign off on this official document for the reason/s below:			
<input type="checkbox"/> Mother/Father deceased (Provide Death Certificate)			
<input type="checkbox"/> Mother/Father does not have parental responsibility/legal custody (Provide supporting Court Documents)			
<input type="checkbox"/> Mother/Father is not/does not live on Island (Provide notarized letter of consent from Secondary Parent)			
<input type="checkbox"/> Father not listed on Birth Certificate.			
<input type="checkbox"/> <b>Not Applicable/Does Not Apply</b>			
<b>Signature of Legal Parents/Guardians</b>		<b>Date</b>	
Primary Parent/Guardian: <b>Print Name</b>	Primary Parent/Guardian: <b>Signature</b>		
Secondary Parent/Guardian: <b>Print Name</b>	Secondary Parent/Guardian: <b>Signature</b>		
<b>Section 7</b>		<b>FOR OFFICIAL USE ONLY – To be completed by DES personnel</b>	
Date Received		Requirements Met?	
Approved/Disapproved		Education Council	
Signed off by ( <b>Print Name</b> )		Signature	
<b>Section 8</b>		<b>Additional Comments</b>	

Please return this completed form to the Director of the Department of Education Services at 130 Thomas Russell Avenue, PO Box 91, KY1-1103, Grand Cayman, Cayman Islands