



DEPARTMENT OF
EDUCATION SERVICES
CAYMAN ISLANDS GOVERNMENT

DES Official
Stamp Here

FOR OFFICIAL USE ONLY

SCHO: _____

YEAR: _____

UPN #: _____

Immigration Confirmation of Student Residential Status Form

Section 1 Student's Information										
Last Name:			First Name :			Middle Name:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: (dd/mm/yy)			Physical Address & House Number:					District:		
School Currently Enrolled							Grade/Year			
School To Attend							Grade/Year			
Section 2 Primary Parent/Guardian										
Last Name:			First Name:				Relationship to student:			
House Number & Street Address:					District:		PO Box:	Post Code:		
Cellular:	Work Phone:		Ext.	Home Phone:		Email:				
Section 2.1 Secondary Parent/Guardian										
Last Name:			First Name:				Relationship to student:			
House Number & Street Address:					District:		PO Box:	Post Code:		
Cellular:	Work Phone:		Ext.	Home Phone:		Email:				
Section 3 For Immigration Department Use Only										
Residential Status: Please Tick The Appropriate Box										
The above-named student is:										
<input type="checkbox"/> NOT a Legal Resident in the Cayman Islands <input type="checkbox"/> A Legal Resident in the Cayman Islands by virtue of the following: (dd/mm/yy)										
<input type="checkbox"/> A dependent of a Caymanian <input type="checkbox"/> A dependent of Residency ERC Holder: Expiry Date _____ <input type="checkbox"/> A dependent of a Government Employee: Expiry Date of Contract _____ <input type="checkbox"/> A dependent of a Work Permit Holder: Expiry Date of Permit _____					<input type="checkbox"/> A dependent of a Permanent Residence <input type="checkbox"/> Student Visa: Expiry Date _____					
The above-named student can:										
<input type="checkbox"/> Attend ANY school <input type="checkbox"/> Attend Private school only					<input type="checkbox"/> Attend Government school only <input type="checkbox"/> CAN'T attend any Schools in the Cayman Islands					
Section 3.1 Any Other Relevant Information/Comments										
Section 4 Signature of Chief Immigration Officer									Date	
Print Name				Signature						