



DEPARTMENT OF
EDUCATION SERVICES
CAYMAN ISLANDS GOVERNMENT

DES Official
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FOR OFFICIAL USE ONLY

SCHO: _____

YEAR: _____

UPN #: _____

Student Registration Form

Section 1 Student's Information				School Year: 2017/18	
Last Name:		First Name :		Middle Name:	
				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth: (dd/mm/yy)		Age on Sept 1 st 2017:		Country of Birth:	
Nationality: <input type="checkbox"/> Caymanian <input type="checkbox"/> Other _____		If your child is not Caymanian is she/he: <input type="checkbox"/> Dependent of a Caymanian <input type="checkbox"/> Dependent of a Civil Servant		Agency: _____	
Home Address:			District:		
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 Emergency Contact Information (Different from Parents/Guardians)					
Last Name:		First Name:		Telephone:	Email:
Last Name:		First Name:		Telephone:	Email:
Section 4 Parental Responsibility/Legal Custody					
Do individual's named above in <u>sections 2 and 2.1</u> have parental responsibility of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, kindly attach official Court documents showing who has parental responsibility.					
Section 5 List Brothers or Sisters enrolled in Cayman Islands Government Schools					
Last Name		First Name		School	Current Year Group



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Section 6 **Student History**

Does your child have a medical or physical condition of which the school should be aware? **List any prescribed medication.** Yes No *If yes, please explain.*

Has your child been identified (by a professional) as:

Gifted

Yes No

Having Special Educational Needs

Yes No

Needing Support with English as a Second Language

Yes No

Has your child ever been assessed for Special Needs?

Yes No *If yes, please explain.*

What language does your family usually speak at home?

English Spanish Other _____

What is the first language your child learned?

English Spanish Other _____

What other languages does your child speak?

Section 7 **List Schools Previously Attended**

Name of School	Location	Date Attended	Years/Grades



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Section 7.1		Schools Previously Attended (Questionnaire)	
Has your child ever been asked to repeat a year at school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain.</i>
Has your child ever been suspended from school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain.</i>
Has your child ever been expelled from school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain.</i>
Has your child ever been home-schooled?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain.</i>
Section 8		Information Verification Statement	
Section 8.1		Parental Responsibility/Legal Custody Declaration	
<p>I, _____ (print name) declare that I am the only parent with parental responsibility/legal custody to sign off on this official document for the reason/s below:</p> <p><input type="checkbox"/> Mother/Father deceased (Provide Death Certificate)</p> <p><input type="checkbox"/> Mother/Father does not have parental responsibility/legal custody (Provide supporting Court Documents)</p> <p><input type="checkbox"/> Mother/Father is not/does not live on Island (Provide notarized letter of consent from Secondary Parent)</p> <p><input type="checkbox"/> Father not listed on Birth Certificate.</p> <p><input type="checkbox"/> Not Applicable/Does Not Apply</p>			
Section 8.2		Declaration	
<p>The residency and custodial information provided for the student on this application is true, accurate and complete as of this date. I understand that falsification of an address, custodial information, or the use of any other fraudulent means to achieve student enrollment or school assignment will be cause for immediate revocation and/or provisional enrollment of the student at the school serving the home number and street address catchment area subject to the applicable laws and policies.</p>			
Signature of Legal Parents/Guardians		Date	
Primary Parent/Guardian: Print Name	Primary Parent/Guardian: Signature		
Secondary Parent/Guardian: Print Name	Secondary Parent/Guardian: Signature		



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Section 9

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The documents listed below are required for admission to Cayman Islands Government Schools

- Copy of Child’s birth certificate
- Copy of Child’s immunization records
- Copy of Parents/Guardians photo ID (Passport **OR** Driver’s Licence)
- Proof** of School Medical (First Time Entrants or Admissions from outside of the system)
- RS101 immigration form or letter and a copy of the child’s passport (Non-Caymanian students)
- Past School Report or Transcript (From previous school years 1-11)
- Proof** of Address in school catchment (Residency Verification Guidelines)

- Case conference required Referred: _____
- Case conference completed Date: _____
- Case conference details attached
- Testing required Math English ESL Psych
- Testing completed
- Review required for out-of-age placement
- Other _____

Checked CI Residential Code Entered

- 001 Caymanian
- 002 Non-Caymanian Pending Status
- 003 Non-Caymanian
- Non-Caymanian parent
- Employer _____
- School fees applicable (Education Law 2010)
- Promissory note completed/signed

Checked and verified physical address/block registration section YES NO

Checked and verified other documentation YES NO

Assigned School _____

Assigned Year Group _____

Catchment School _____

Re-Admission **Provisional Admission**

Re-Assignment Date _____ **Year Group** _____

Signature of Admitting (RATSO) Officer

Signature of Senior School Improvement Officer

Date _____

Date _____

Section 10

Additional Comments

Blank area for additional comments.