



**DEPARTMENT OF  
EDUCATION SERVICES**  
CAYMAN ISLANDS GOVERNMENT

**STUDENT REGISTRATION FORM (Section 1 - To Be Completed by Parent/Guardian)**

Date:	School Year:
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Student's -Last Name:	First Name:	Middle Name:	Entering Grade:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Age as of September 1 <sup>st</sup> (Year of entry)	Birth date	Birth Place	Country	Residential Category: <input type="checkbox"/> Caymanian <input type="checkbox"/> Non-Caymanian
Does the student speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Languages spoken?	Did the student attend Pre-School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student ever received special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Primary Parent/Guardian residential information: Name(s) and address of person(s) with whom student is living.**

Father/Guardian's Last Name:	First Name:	Relationship to student:		
Work Phone :	Ext.	Cellular:	Home Phone:	Email::
Mother/Guardian's Last Name:	First Name:	Relationship to student:		
House Number & Street Address (Mandatory)	Block# (Mandatory)	District	P.O. Box	Post Code
Work Phone :	Ext:	Cellular:	Home Phone:	Email:

Emergency contact Information(In cases where parent cannot be reached) Name: Phone #:	Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No ( If yes, copy must be filed) Restraining order is against <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other:
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**Brothers or sisters still in school:**

Last Name:	First Name:	School:
Last Name:	First Name:	School:
Last Name:	First Name:	School:
Last Name:	First Name:	School:

**Medical information: Does the student have a medical or physical condition of which the school should be aware?  Yes  No, If yes please explain.**

Is the student currently taking medication during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes please explain.	Explain here:	Explain here:
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**Other Pertinent Information:**

Has the student ever been retained?  Yes  No, Suspended?  Yes  No, Home Schooled?  Yes  No or placed in Gifted or ESL class  Yes  No

Name of last school attended:	Address:
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**Department of Education Services information to parents/guardians regarding school catchments.**

**Residency Verification:(Please read before attaching signature)**

The residency information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home number and street address catchment area (Education Law 1999 revision, section 22 (2), Department of Education Services Primary Schools Catchment Policy/09/08, Secondary schools Catchment Policy 22.01.2010)

Signature of legal Parent/Guardian:	Date:
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**Copies of the following documents to be attached.**

<input type="checkbox"/> Copy of birth certificate	<input type="checkbox"/> RS 101 immigration form, passport or letter (Non-Caymanian students)
<input type="checkbox"/> Copy of complete immunization records	<input type="checkbox"/> Past School Report or Transcript (If admission from other school years 1-12)
<input type="checkbox"/> Proof of School Medical (First Time Entrants/Outside system transfers)	<input type="checkbox"/> Proof of Address in school catchment area/block (Utility bill, Notarized lease)

**Section 11-FOR OFFICIAL USE ONLY – To be completed by DES personnel**

Checked School Code: <input type="checkbox"/> JGHS <input type="checkbox"/> GHHS <input type="checkbox"/> CBHS <input type="checkbox"/> LCES <input type="checkbox"/> CPS <input type="checkbox"/> SBPS <input type="checkbox"/> WEP <input type="checkbox"/> JCP <input type="checkbox"/> GTPS <input type="checkbox"/> LHS <input type="checkbox"/> RBPS <input type="checkbox"/> PPS <input type="checkbox"/> SPS <input type="checkbox"/> BTPS <input type="checkbox"/> NSPS <input type="checkbox"/> EEPS <input type="checkbox"/> AEC	Checked CI Residential Code Entered: <input type="checkbox"/> 001 Caymanian <input type="checkbox"/> 002 Non-Caymanian Pending Status (On DIS File) <input type="checkbox"/> 003 Non-Caymanian
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Checked/Confirmed physical address/block registration Section: <input type="checkbox"/> YES <input type="checkbox"/> NO	Checked and Verified Other Documentation: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Signature of Admitting (RATSO) Officer:	Date	Signature of Learning Community Leader	Date
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Notes regarding approval/denial of application:

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