

ELEMENTARY SCHOOL

GRADES 1 - 5



CAYMAN INTERNATIONAL SCHOOL
CONNECT | INSPIRE | SERVE

✉ admissions@cis.ky | ☎ +1 (345) 945-4664 | 🌐 www.cis.ky

Parents / Guardians

Please complete this top portion before sharing the form with your child's school.

Student Name Date of Birth (m/d/y) Current Grade

Parental Authorization: As part of the application process to Cayman International School, I hereby authorize the release of information regarding my child (named above) to be made to Cayman International School.

Present School Date of Entry
Parent Signature Date of completion

School Principal, Counselor, or Classroom Teacher

The student named above has applied to Cayman International School. The information below is required as part of the application process. Please complete pages one and two, and return to Cayman International School via email: admissions@cis.ky. The information will be kept in strict confidence.

How long have you known this student and in what capacity?

Are you aware of any significant discipline or behavioral issues with this student? Yes No
Has this child been suspended or expelled? Yes No
Have all school fees been paid on time? Yes No
Are there any outstanding debts? Yes No
Are the student's parents supportive and cooperative? Yes No

Student Academic Background

Does this student receive support services? Yes No
Does this student currently have an IEP (Individual Education Plan or Special Needs Agreement)? Yes No
Does this student have a Psychological Report or has one been requested? Yes No
Are they currently receiving English as an Additional Language support? Yes No
Does the student have any issues related to attendance (frequent or excessive tardies or absences)? Yes No

If yes to any of the above questions, please describe here:

Would you be willing to discuss this child by phone if we have further questions? Yes No

Please indicate the student's level of social/emotional development below

	Unknown	Below Grade Level	Beginning	Developing <input type="checkbox"/>	Secure
Overall Academic Standing					
Reading Comprehension					
Verbal Ability					
Writing Skills					
Mathematics					
Classroom Participation					
Study Habits					
Motivation to Learn					
Organization					

Please indicate the student's level of academic performance below

	Unknown	Never	Sometimes	Usually	Always
Pays Attention in Class					
Follows Directions					
Completes Tasks					
Displays Self Confidence					
Accepts Consequences					
Displays Good Manners / Kindness					
Works well with peers in the classroom					
Plays well with all peers					
Receptive to feedback					

Describe any other significant concerns or strengths related to this student:

School official (Principal, Counselor, or Classroom Teacher) completing this form

Name	<input type="text"/>	Signature	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>
School Name	<input type="text"/>		
School Address	<input type="text"/>		Country: <input type="text"/>