

## 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  Today's Date

## 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](mailto: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

## Answer the questions below by using the scale provided

**How supportive and cooperative are the student's parents?**

Not Supportive / Cooperative

1

2

3

4

5

Extremely Supportive / Cooperative

**How well does the student get along with their peers?**

Not well

1

2

3

4

5

Very Well

**How respectful is this student towards his peers, teachers, and their environment?**

Not Respectful

1

2

3

4

5

Very Respectful

## Student Academic Background

1. Does this student receive support services? ☐ Yes ☐ No  
2. Does this student currently have an IEP (Individual Education Plan or Special Needs Agreement)? ☐ Yes ☐ No  
3. Does this student have a Psychological Report or has one been requested? ☐ Yes ☐ No  
4. Are they currently receiving English as an additional language support? ☐ Yes ☐ No

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

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

	Unknown	Below Average	Average	Above Average	Excellent
Attention Span					
Follows Directions					
Completes Tasks					
Self Confidence					
Accepts Consequences					
Displays Good Manners / Kindness					
Collaborates well with all peers					
Receptive to feedback					

Please indicate the student's level of academic performance below

	Unknown	Below Average	Average	Above Average	Excellent
Current Overall Academic Standing					
Reading Comprehension					
Verbal Ability					
Writing Skills					
Mathematics					
Classroom Participation					
Study Habits					
Motivation to Learn					
Organization					
Attendance					

**Additional Comments:**

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

**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

City:

Country: