

HIGH SCHOOL



Parents / Guardians

Please complete this top portion before sharing the form with your child's school. Each student is required to have two confidential student reference forms completed by two different people (Principal, Teacher or Counselor)

Student Name	<input type="text"/>	Date of Birth (m/d/y)	<input type="text"/>	Current Grade	<input type="text"/>
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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	<input type="text"/>	Date of Entry	<input type="text"/>
Parent Signature	<input type="text"/>	Today's Date	<input type="text"/>

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this child been suspended or expelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have all school fees been paid on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any outstanding debts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answer the questions below by using the scale provided

How supportive and cooperative are the student's parents?

Not Supportive / Cooperative	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	Extremely Supportive / Cooperative
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How well does the student get along with their peers?

Not well	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	Very Well
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How respectful is this student towards his peers, teachers, and their environment?

Not Respectful	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	Very Respectful
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Student Academic Background

1. Does this student receive support services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does this student currently have an IEP (Individual Education Plan or Special Needs Agreement)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does this student have a Psychological Report or has one been requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are they currently receiving English as an additional language support?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="text"/>		Country: <input type="text"/>