



CF School. Creating Foundations.

Application Form

We pursue excellence, celebrate diversity, value integrity and embrace kindness.

Full name of child:

DOB:

Gender:

Place of Birth:

Primary Contact Phone Number:

Proposed Start Date:

Nationality:

Immigration Status on island:

Child's main language of communication:

Emergency Contact Parent / Guardian

Name of parent / guardian to be contacted in an emergency

Name: _____

Home phone: _____

Work place: _____

Cell phone: _____

Address: _____

Work phone: _____

Emergency Contact 2

Name of person to be contacted in an emergency in the event that the person named above cannot be contacted:

Name: _____

Home phone: _____

Work place: _____

Cell phone: _____

Relationship to child: _____

Work phone: _____

School History:

Name of current or last school attended:

Dates attended:

Year / Grade currently attending or last completed:

Child's most and least favourite subjects:

Additional Learning Needs:

Has your child ever been formally assessed for any additional learning needs?

If your child has been formally assessed for additional learning needs please list the findings and the year of the assessment.

Has your child ever received any additional learning support within school?

If your child has received additional support within school, explain the support they received.

Has your child any significant medical problems or a disability of any kind?
(Please attach relevant supporting documentation)

Immigration Status:

Detail the child's immigration status in the Cayman Islands and provide evidence of their status.

Caymanian

Dependent of a Work Permit Holder

Dependent of a Permanent Resident

The following documents should accompany this application:

- School Reports - last school report and previous end of year reports
- Copy of Birth Certificate, Passport and Proof of Immigration Status on Island.
- For students who have SEND please include reports from Educational Psychologists, Speech and Language Therapists, Psychiatrists or other
- Any relevant medical information and documentation
- Any other significant or relevant information.

Signed :
(Parent / Guardian)

Date: