



Confidential Pre School Student Transfer Form

Name of Student: _____ **Date of Birth** _____

Parental Authorisation: As part of the application process to Cayman Prep and High School, I hereby authorise the release of information regarding my child (named above) to be made to CPHS.

Parent / Guardian name (printed) _____

Parent / Guardian signature _____

Dear School Principal

The above student is seeking admission to Cayman Prep and High School. The information below is required as part of the application process. Please complete this form and return it directly to the Admissions Secretary via email to psadmissions@cayprep.edu.ky. All information will be treated in the strictest confidence.

Please indicate the most relevant category for each of the areas of development below.

Areas of Development	Unable to comment	Excellent	Very Good	Average	Poor
Speech and Language					
Fine Motor Skills					
Gross Motor Skills					
Social & Peer Interaction					
General Behaviour					
Any further comments:					

Has the student been assessed, recommended for or involved in any of the following areas?	Yes	No
Early Intervention Programme		
Support for Learning		
Speech/OT/ABA Therapy		
Educational Psychologist		
If yes, please provide further details:		

Has the student been identified with any other medical issue, disability or Special Educational Need?

Yes / No If Yes, please provide further details _____

Signature: _____	Date: _____
Title: _____	School: _____

Established in 1949

Primary School Phone: (+1-345) 949-5932

High School Phone (+1-345) 949-9115

Owned and operated by the United Church in Jamaica and the Cayman Islands

Website: www.cayprep.edu.ky

PO Box 10013 Grand Cayman KY1-1001 Cayman Islands