## Cayman Prep and High School Dedicated to Life Long Learning



ne above student is seeking admission to Cayman Prep and High School. The information below is required as the application process. Please complete this form and return it directly to the Admissions Secretary via emadmissions@cayprep.edu.ky. All information will be treated in the strictest confidence.    Poor to be a seek indicate the most relevant category for each of the areas of development below.	Name of Student:		Date	of Birth _		
the release of information regarding my child (named above) to be made to CPHS.  Parent / Guardian name (printed)  Parent / Guardian signature  Parent / Guardian	Parental Authorisation: As part of th	ne application process	to Cayman P	rep and High	School, I hereb	y authoris
Parent / Guardian signature  Parent / Guardian seeking admission to Cayman Prep and High School. The information below is required at the student below is required at the admissions Secretary via emander in the strictest confidence.  Parent / Guardian secretary via emander secretary via emander in the strictest confidence.  Parent / Guardian secretary via emander secretary via em						•
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Fine Motor Skills  Gross Motor Skills  Social & Peer Interaction  General Behaviour  Any further comments:  Has the student been assessed, recommended for or nvolved in any of the following areas?  Early Intervention Programme  Support for Learning  Speech/OT/ABA Therapy  Educational Psychologist	Areas of Development		Excellent		Average	Poor
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Support for Learning Speech/OT/ABA Therapy Educational Psychologist				Yes	No	
Speech/OT/ABA Therapy Educational Psychologist	Early Intervention Programme					
Educational Psychologist	Support for Learning					
· · · · · · · · · · · · · · · · · · ·	Speech/OT/ABA Therapy					
f yes, please provide further details:						
	Educational Psychologist					
		ails:				
		ails:				
	f yes, please provide further deta					J.N 10
as the student been identified with any other medical issue, disability or Special Educational Need?	f yes, please provide further deta	th any other medical				ıl Need?
as the student been identified with any other medical issue, disability or Special Educational Need? es / No If Yes, please provide further details	f yes, please provide further deta	th any other medical				ıl Need?
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