



TRIPLE C SCHOOL
 74 Fairbanks Road, GT
 P. O. Box 10498
 Grand Cayman KY1-1005
 CAYMAN ISLANDS
 Phone: 345-949-6022 Fax: 345-949-6803
 Website: www.triplecschool.org E-mail: triplec@candw.ky

I give permission for the requested information on the student named here to be released to Triple C School.

Parent Signature

STUDENT TRANSFER FORM

(For admission to Grades 1 - 12) (This form is to be completed by your present school)

Name of Student _____ Present Grade _____

Date of Birth (day/month/year) _____ Parent(s) Names _____

The above named student is seeking admission to Triple C School, a private, Christian, PS-Grade 12 School in George Town, Grand Cayman, Cayman Islands which operates on the American system.

Please complete this form and mail/fax/email it to the address above.

Please include the following documents (if applicable):

- _____ Official student academic/administrative records _____ Team evaluations and related reports
- _____ Medical and/or related health records _____ Appropriate agency reports
- _____ Psychological evaluations and/or social work reports _____ Individualized Education Program (IEP)
- _____ Standardized Test Results
- _____ If your school is located in Jamaica, please include the Grade 3 Diagnostic Test results and/or the Grade 4 Numeracy/Literacy Test Results.

Please include your school profile which might be necessary for us to understand your program or system.

1. Has this student been administered any speech/language/psycho-educational/ psychological testing? Yes _____ No _____

Please explain _____

Please indicate previous/current involvement from any of the following, and provide name of program and/or contact.

Early Intervention Program: Previous _____ Current _____ ; _____

Speech and Language Therapist: Previous _____ Current _____ ; _____

Occupational Therapist: Previous _____ Current _____ ; _____

Clinical/Educational Psychologist: Previous _____ Current _____ ; _____

Additional Learning Support Services: Previous _____ Current _____ ; _____

Individual Educational Plan: Previous _____ Current _____ ; _____

Is English this child's primary language? Yes _____ No _____

2. What are the student's academic strengths and weaknesses? _____

3. What words come to your mind in describing this student? _____

PLEASE CONTINUE TO PAGE 2

Areas of Concern:	Unable to comment	Excellent	Very Good	Good	Average	Poor
Academic Potential						
Academic Achievement						
Christian Commitment						
Concentration						
Conduct						
Cooperation						
Initiative						
Integrity						
Leadership						
Maturity						
Neatness of Appearance						
Neatness of Work						
Relationship with Peers						
Respect for Authority						
Self-Discipline						

4. Character Observations: _____

5. Disciplinary Actions: _____

6. Is this student in good standing at your school? Yes_____ No_____

7. If your school is private, does the family meet its financial responsibilities on time? Yes_____ No_____

8. Are all accounts current? Yes_____ No_____

9. Are parents involved in the school? Very_____ Moderately_____ Rarely_____

10. Are parents involved in the education of the child? Very_____ Moderately_____ Rarely_____

Name of School: _____

Address of School: _____

Phone: _____ Fax: _____ Email: _____

School Website: _____

Referee's Name: _____

Title: _____

Signature: _____ Date: _____