



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 Pre-School, Pre-Kindergarten, and Kindergarten)
 (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 student named above 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	

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

1. Does this child experience separation anxiety? Yes _____ No _____

2. Has this child 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 _____

PLEASE CONTINUE TO PAGE 2

3. What are the child's academic strengths and weaknesses? _____

4. Does this child get along well with his/her peers? Most of the time____ Sometimes____ Rarely____

5. Does this child respond well to authority? Most of the time____ Sometimes____ Rarely____

6. Is this student in good standing at your school? Yes____ No____

7. Has any disciplinary action been taken against this student? Yes____ No____

If your answer is yes, please explain _____

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

9. If your school is private, does the family meet its financial responsibilities on time? Yes____ No____

10. Are all accounts current? Yes____ No____

11. Are parents involved in the school? Very____ Moderately____ Rarely____

12. 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: _____