



# TRUTH FOR YOUTH SCHOOL

84 Walkers Road, George Town  
P. O. Box 370  
Grand Cayman KY1-1106  
CAYMAN ISLANDS  
Phone: (345) 949-2620/(345) 949-7041  
Fax: (345) 945-4617  
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Photograph

## REGISTRATION FORM

PLEASE RETURN THIS APPLICATION WITH THE FOLLOWING:

Office Use  Chk Item Rec'd	<input type="checkbox"/>
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- Copy of child's Birth Certificate
- Copy of Immunization Record
- 1 Passport-sized Photo (full face) (attach above right)
- Application Fee \$25.00 (non-Refundable)
- Registration Fee \$200.00 (Applied to 1st month tuition) (Non- Refundable if student do not attend)
- Monthly School Fees \$650.00
- Resource Fee Grades 1-6, Kinder Book Fee
- For Grades 1- 6 - a copy of last school report
- First-time students entering school must have a Health screening done either at the Government Health Center or by a Private Doctor
- Non-Caymanian students must have Cayman Islands Immigration Clearance documentation
- Signed Parent Commitment Form

Name of Student:: \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
month/day/year

Nationality: Caymanian: (circle) yes/no Other (specify) \_\_\_\_\_

Number of older siblings \_\_\_\_\_ Number of younger siblings \_\_\_\_\_

Age by September 1 of desired year of enrollment (e.g. 4yrs ) \_\_\_\_\_

Desired date of attendance \_\_\_\_\_

Name and address of last school attended: \_\_\_\_\_

Reason for Child's withdrawal from previous school \_\_\_\_\_

Reason for wanting child to attend Truth for Youth School \_\_\_\_\_

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Mother's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Place of Occupation: \_\_\_\_\_ Phone: (H) \_\_\_\_\_  
(W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Mailing Address: P. O. Box \_\_\_\_\_ Post Code: \_\_\_\_\_

Home (location) Address: \_\_\_\_\_

Nationality: Caymanian (circle) yes/no Other (specify) \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
LAST FIRST MIDDLE\_

Place of Occupation: \_\_\_\_\_ Phone: (H) \_\_\_\_\_  
(W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Mailing Address: P. O. Box \_\_\_\_\_ Post Code: \_\_\_\_\_

Home (location) Address: \_\_\_\_\_

Nationality: Caymanian (circle) yes/no Other (specify) \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

In case of emergency if parents cannot be reached, please call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_

If \_\_\_\_\_ is admitted to the Truth For Youth School, I agree that the child be instructed in Christian doctrine and promise to cooperate with the School authorities in all matters relating to discipline and study.

Date: \_\_\_\_\_ Parent (s)' signature \_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Registration Fee paid; \_\_\_\_\_

**Date of Entry:** \_\_\_\_\_ **Accepted in Grade:** \_\_\_\_\_

**Date Grade 6 Completed:** \_\_\_\_\_

**Date of Withdrawal:** \_\_\_\_\_

**Student Waitlisted** \_\_\_\_\_ **Student not Accepted** \_\_\_\_\_