

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

E-mail truthfys@candw.ky



Photograph

REGISTRATION FORM

PLEASE RETURN THIS APPLICATION WITH THE FOLLOWING:

Office Use

Chk Item Rec'd

- 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

Anal. Quantitat. 16, 101-110 (2002). © 2002 Kluwer Academic Publishers. Printed in the Netherlands.

3. *What is the name of the person you are writing to?* _____

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

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 _____