

Hope Academy

P.O. Box 31160

Grand Cayman, KY1-1205

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office@hopecayman.com

STUDENT TRANSFER FORM

Please complete and sign the top portion and return to Hope Academy.

School Transferring From: _____ Phone #: _____

Name of Student: _____ Present Grade: _____

I hereby authorize the release of the information requested below and give consent for the Hope Academy staff to contact the relevant staff member at my child's previous school:

Parent Signature

The above student is seeking admission to **HOPE ACADEMY**. After completing this form, please mail or email it along with copies of their cumulative academic record, Individual Education Plan (IEP), psychological reports, and all standardized test scores for achievement, ability and intelligence.

Check one in each category:

Areas of Evaluation	Unable to comment	Excellent	Very Good	Average	Poor
Academic achievement					
Academic potential					
Conduct					
Cooperation					
Emotional maturity					
Initiative					
Integrity					
Leadership					
Reaction to criticism					
Reaction to setbacks					
Relationship with peers					
Response to authority					
Self-Discipline					
Sense of humor					

Please circle response:

1. Is this student in good standing at your school? **Yes/ No**
2. Has this child been suspended or expelled from your school? **Yes / No** If yes, please give reason(s). (Continue on back if needed.)

3. Does this child have any special education needs? **Yes/ No** or an Individualized Education Plan (IEP)? **Yes / No**
4. What words come to your mind in describing this student? _____
5. If your school is private, does the family usually meet its financial responsibilities on time? **Yes/ No**
6. Are there any outstanding fees on their account? **Yes/ No** Please explain: _____
7. Are parents involved in the school? **Very/ Moderately/ Rarely**

Date: _____ Signature of school personnel: _____ Title: _____