

* Only complete this form if English is your child's second language. One per child.

ESOL Supplementary Enrolment Form

Please help us to learn more about your child and family by filling in this form to accompany our regular enrolment form. We hope that by having this information we can better cater for your child.

Family Name	First Name
Name to be used at School	Boy/Girl
Home Address	Place in Family of
Telephone	Ethnic Group
Date of Birth	Home Languages
Country of Birth	Religion (optional)
Last Country of Residence	Date of Arrival in NZ

Previous Education in your Country

Pre School / Primary

Name of School	Place	Length of Time	Age	Language Used

Previous Education in New Zealand

Name of School	Place	Length of Time	Age

Can he/she read in his/her own language?

Not at all A little Fluently

Can he/she write in his/her own language?

Not at all A little Fluently

Has your child learnt **English** before arrival?

Yes No

If yes, where has he/she learnt **English**?

School Home Private Tutor Language School

How long has he/she learnt English?

Years Months Hours per week

Parents

Ethnic Origin	Mother	Father
Country of Birth	Mother	Father
Occupation in your Country	Mother	Father
Occupation in New Zealand	Mother	Father

Will father and mother be living in New Zealand?

Father	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other family living with you in New Zealand

Language child uses when speaking to

Mother
Father
Brothers/Sisters
Grandparents
Other Family

Can mother speak English?

Not at all A little Fluently

Can mother read English?

Not at all A little Fluently

Can father speak English?

Not at all A little Fluently

Can father read English?

Not at all A little Fluently

Who can we talk to or write to if we need to talk about your child?

Name	Relationship to child
Address	Phone

What hobbies or interests does your child have?

Can you tell us any more?