



Office Use Only

Room Year
 Teacher
 Start Date

ESOL Supplementary Enrolment Form

Thank you for taking the time to fill out this form, any information you can supply will help us to assist your child's learning.

Family Name:	Student's First Name:
Name to be used at school:	Boy <input type="checkbox"/> Girl <input type="checkbox"/> Place in Family of
Home Address:	
Telephone:	Date of birth:
Ethnic group:	Home languages: <i>if Chinese, please state Cantonese or Mandarin</i>
Country of Birth:	Religion: (optional)
Last country of residence:	Date of arrival in NZ:
Expected length of stay in New Zealand:	
Classification:	
<input type="checkbox"/> NZ Born	<input type="checkbox"/> Migrant <input type="checkbox"/> Refugee <input type="checkbox"/> International Fee Payer

Previous Education in Your Country Pre-school and Primary

Name of School	Place	Length of Time	Age	Language Used

Previous Education in New Zealand

Name of School	Place	Start Date	End Date	Year Level

Can s/he read in his/her own language?	<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Fluently
Can s/he write in his/her own language?	<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Fluently
Has your child learnt English before arrival?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes where has s/he learnt English?	<input type="checkbox"/> School	<input type="checkbox"/> Home	<input type="checkbox"/> Private Tutor <input type="checkbox"/> Language School
How long has s/he learnt English?	Years	Months	Hours per week

