

Supplementary ESOL Enrolment Form

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

Family Name _____ First Name _____

Date of Birth (dd/mm/yy) ____ / ____ / ____

Male / Female (Please circle one)

All Home Languages _____

Religion _____

Previous Education Overseas

Name of School	Country	Years at School	Age	Languages Used

We value your family's languages and culture and wish to support you in fostering these.

(Please tick which one applies)

Can your child **read** in his / her own language? Not at all ☐ A little ☐ Very well ☐

Can your child **write** in his / her own language? Not at all ☐ A little ☐ Very well ☐

Has your child learnt **English** before arriving in NZ? Yes / No (Please circle)

Father and Mother living in New Zealand? Yes / No (Please circle)

Other family member living with you in New Zealand _____

Language child uses when speaking to:

Mother _____

Father _____

Brothers / Sisters _____

Grandparents _____

Other family / Friends _____

Ethnic Origin: Mother _____ Father _____

(Please tick which one applies)

Can Mother **speak** English Yes ☐ No ☐ A little ☐

Can Mother **read** English Yes ☐ No ☐ A little ☐

Can Father **speak** English Yes ☐ No ☐ A little ☐

Can Father **read** English Yes ☐ No ☐ A little ☐

To help us support your family, do you have a preferred interpreter?

Name: _____

Relationship to child: _____

Phone: _____

Email: _____

The questions below help us understand more about your child so we can plan his / her learning programme.

What hobbies or interests does your child have?

What sports or activities is he/she interested in?

Can you tell us any more information that would help us?

Thank you for taking the time to complete this form