



ST PETER CHANEL CATHOLIC SCHOOL

ESOL STUDENT INFORMATION FORM

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

Family Name	First Name
Name to be used at School	Boy/Girl
Home Address	Place in Familyof.....
Telephone	Ethnic Group
Date of Birth	Home Languages
Country of Birth	Religion
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

Does he/she **read** in his/her own language? Not at all A little Fluently

Does 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.....

Previous school reports and information available Yes No

Previous education support/needs/health needs other:

Childs interest hobbies:

Anything you would like the teacher to know about your child?

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 with student?

Father Yes No

Mother Yes No

Other family living with you in New Zealand

What language(s) does your child use when speaking to family?

What names are used for family members?

Mother Father

Brother/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

Parents concern/enquires/needs:

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