



Monte Cecilia Catholic School

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English Language Learners ENROLMENT INFORMATION

(to be completed when enrolling children from non-English speaking backgrounds)

Child's name: _____

Date of Birth: _____ / _____ / _____

Child's country of birth: _____

Date of child's arrival in New Zealand: _____ / _____ / _____

Birth place of parents: _____ (Mother)

_____ (Father)

Nationality of child (as stated by parents): _____

Particular ethnic group: _____

First language spoken at home: _____

Second Language spoken at home: _____

Can your child speak/read/write in the first language?

Speak Yes/No **Read** Yes/No **Write** Yes/No

Can your child speak/read/write in the second language?

Speak Yes/No **Read** Yes/No **Write** Yes/No

Other languages spoken by your child: _____

Level of facility in English (Tick one)

a) Very little English ()

b) Speaks Basic English only ()

c) Can speak English ()

d) Speaks English, some ability in reading/writing ()

e) Capable of speaking, reading, and writing in English ()

Attach any other relevant language learning about your child

Parent/Caregiver: _____ Sign and date: _____

TRUTH

RESPECT

INTEGRITY

COURAGE