



WHANGAPARĀOA COLLEGE

English Language/ESOL Form

Please complete this form if English is not this child's, or your families, first language

Learner Details

Learner's Full Name:	
Date of Birth:	Year Level of Learner:
Date of Entry into New Zealand:	

Parent/Caregiver Details

Name of person completing this form:	Relationship to Learner:
Email Address:	

Language Details

Is English this Learner's second language?
What languages are spoken at home?
Has this Learner attended ESOL previously? Where?
If Yes, please give details:
Which Skill(s) will this Learner need support with? <i>Please circle</i>
<input type="checkbox"/> Oral (Listening and Speaking) <input type="checkbox"/> Reading <input type="checkbox"/> Writing