

# Academic Pre-Enrolment Form

To be completed by the applicant's current school and returned by post or email directly to:  
**Post:** Longburn Adventist College, PO Box 14001, Longburn 4866, NZ **Email:** info@lac.school.nz

## Student Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Gender:  Male  Female Ethnicity: \_\_\_\_\_  
 Current School: \_\_\_\_\_ Current Year Level: \_\_\_\_\_

## Academic Profile: *(Please indicate or tick ✓ the level at which the student is achieving)*

|  |   |   |
|--|---|---|
| <p><b>Curriculum Level, Yrs 7-10</b></p> <p>Reading <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>Writing <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>Mathematics <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> | <p><b>PAT Scores, Yrs 7-10 Stanine</b></p> <p>Vocabulary _____</p> <p>Comprehension _____</p> <p>Listening _____</p> <p>Mathematics _____</p> | <p><b>Years 7-10</b></p> <p>Reading Age _____</p> <p>Spelling Age _____</p> <p>e-aSTTle Reading Level _____</p> <p>e-aSTTle Maths Level _____</p> <p>e-aSTTle Writing Level _____</p> |
| <p><b>NUMP Stages</b></p> <p>Knowledge: _____ Multi/Div: _____</p> <p>Add/Sub: _____ Proportional: _____</p>   |   |   |

## Personal Characteristics: *(Circle all that are applicable)*

Attendance: Satisfactory    Unsatisfactory    Frequent Illness    Truancy

Personality: Stable    Outgoing    Co-operative    Confident    Shy    Aggressive    Disruptive

Social Skills: Mature    Immature    Leader    Poor peer relationships    Bully    Victim

Attitude/Effort: Enthusiastic    Conscientious    Responsible    Needs constant monitoring    Hard to motivate

## General Comments *(Academic, behaviour, social)*

\_\_\_\_\_

\_\_\_\_\_

## ESOL *(English as a second or foreign language)*

Has the student arrived from a non-English speaking country in the last four years?  Yes  No

Student receives funding?  Yes  No      ESOL Number \_\_\_\_\_

Country of Birth \_\_\_\_\_

## Learning Needs

Has this student had any intervention with outside agencies?  Yes  No  
(e.g. CAFS, ACC, OT, RTLB, LS or Special Ed.)

Agency: \_\_\_\_\_

Reason: \_\_\_\_\_

Current IEP:  Yes  No      RTLB:  Yes  No

Teacher Aide Hours:  Yes  No      Number of hours: \_\_\_\_\_

Funded by:  SEG  ACC  ORRS  LS (Learning Support)  OT (Oranga Tamariki)

Any traumatic experiences that may impact on learning?  Yes  No

Comment: \_\_\_\_\_

\_\_\_\_\_

**Special Abilities** *Please note any exceptional abilities in the areas of academic excellence, sport, leadership, cultural activities, creative and performing arts.*

\_\_\_\_\_

\_\_\_\_\_

**Extra-Curricular Activities** *(e.g. sport, musical, cultural spiritual, other)*

\_\_\_\_\_

\_\_\_\_\_

**Extra Comments** *Please include any extra comments which may be helpful in class placement or meeting the student's needs, e.g. learning needs, type of teacher the child works best with, other pupils to be separated from.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there are matters that need further discussion please tick the box and a staff member from LAC will contact you

Name \_\_\_\_\_ Signature \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

***Thank you for your assistance***