

# Academic Pre-Enrolment Form

To be completed by the applicant's current school and returned by the referee directly to:  
 Longburn Adventist College, PO Box 14001, Longburn 4866, New Zealand.

## 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)*

Curriculum Level, Yrs 7-10					Current Level				
	1	2	3	4	5	Well Below	Below	At	Above
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

PAT Scores, Yrs 7-10 Stanine		Years 7-10	
Vocabulary _____		Reading Age _____	
Comprehension _____		Spelling Age _____	
Listening _____		e-aSTTle Reading Level _____	
Mathematics _____		e-aSTTle Maths Level _____	

  

NUMP Stages	
Knowledge: _____	Multi/Div: _____
Add/Sub: _____	Proportional _____

## 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, GSE, ACC, CYF, RTLB)

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

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

Current IEP:  Yes  No      RTLB:  Yes  No

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

Funded by:  SEC  GSE  ACC  ORRS  CYF

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***