



# Seven Oaks School

growing brilliance

## Application for Student Enrolment

Please complete one form per child

*This information will be used to assess the fit between our school and your child, and will provide valuable information to assist us in the care and education of your child.*

Date: .....

### Child's Name And Details:

Full name of child .....

Date of Birth ..... Age ..... Gender ..... Citizenship .....

Ethnicity ..... Iwi (if appropriate) .....

Name of Parent/Caregiver/s .....

Address .....

.....

Phone: H.....M..... Email .....

Language spoken at home .....

Name of Parent at other address .....

Address .....

.....

Phone: H.....M..... Email .....

Is your child is on other waiting lists? .....What priority is Seven Oaks?..... Preferred start date.....

Will you require care for your child before school ..... and/or after school?.....

### Educational History:

Name of Pre-school(s) .....years of attendance.....

Name of teacher/referee: .....

Previous Primary School ..... years attended.....

Name of teacher/referee: .....

Earlier Primary School ..... years attended.....

Name of teacher/referee: .....

(please note that we will only approach a teacher/referee with your prior approval)

### Siblings:

First name ..... sister /brother - older /younger by.....years

First name ..... sister /brother - older /younger by.....years

First name ..... sister /brother - older /younger by.....years

First name ..... sister /brother - older /younger by.....years

What are your child's strengths, interests and likes?

What situations does your child dislike or find challenging?

Please describe your child's social strengths and challenges?

Has your child been previously suspended/stood down from school? Yes / No

Has your child had any problems with previous teachers? Yes / No

Has your child any learning difficulties that we will need to work with? Yes / No

Has your child had referrals to GSE/Speech Language Therapy, Reading Recovery, R.T.L.B, or other? Yes / No

If answering yes to any of the above questions please describe the circumstances.

Please advise us of any dietary issues, allergies or preferences.

Please comment on the general health of your child and advise any medical conditions or allergies.

Are there any other conditions, special needs or gifts your child has that we should be aware of?

Is there anything else you would like to inform us of in relation to the character of your child?

Parents: Please list any skills, talents, expertise or support that you would be willing to offer to our learning community.

On behalf of my/our child I/we would like to formally apply for enrolment at Seven Oaks School.  
We/I understand that this application does not guarantee placement at Seven Oaks.

Signed..... Date.....

*Please post to: The Principal, Seven Oaks School, 35 Hassals Lane, Opawa, Christchurch 8023  
or scan and email to: [principal@sevenoaks.school.nz](mailto:principal@sevenoaks.school.nz)*