



# Seven Oaks School

*growing brilliance*

## REGISTRATION OF INTEREST

Please complete one form (2 pages) per child

### CHILD'S NAME AND DETAILS:

Full name of child: .....

Date of Birth: ..... Age ..... Gender .....

Address of Child: .....

.....

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

.....

Phone: (home)..... (mobile) .....

Email .....

Address and contact for parent if different from child

.....

.....

Is your child a New Zealand Citizen/permanent resident? First language .....

Does your child have any other siblings? ..... If so what ages? .....

### PREVIOUS SCHOOLING

Name of Pre-school currently attending: .....

Name of present Primary School .....School Level now: .....

### IMPORTANT INFORMATION FOR THE EDUCATION OF YOUR CHILD

Has your child had any previous learning difficulties?

Has your child had any previous social difficulties?

Has your child been previously suspended from school?

Has your child had any problems with previous teachers?

Has your child had referrals to GSE/Speech Language Therapy, Reading Recovery or R.T.L.B, Blind Foundation, Hearing Association or other?

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

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

What are your child's strengths and interests?

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

**OTHER INFORMATION:** (Please complete one form per family)

What appeals to you about the concept of this School?

How would you describe the most important values you have as parents?

We/I would like to register my/our child(ren) for consideration of future enrolment at Seven Oaks.

We/I understand that adding my/our child(ren)'s name to the future enrolment list does not guarantee future placement at Seven Oaks.

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

Please post to: Seven Oaks School, 35 Hassals Lane, Opawa, Christchurch 8023