Student Enrolment Questionnaire

(To be filled out by Form Teacher/Dean/Deputy Principal/Principal)

Please FAX Complete Form Directly to: 09 815 6740 or email waiorea@wsc.school.nz

Student Name:					
School Name:					
Teacher Name: Position:	cher Name: Position:				
Contact Ph:					
Contact Email:					
1: How would you rate the student in terms of application to their ac study? Please Circle One	cademic				
Excellent Very Good Good Satisfactory Not Sat	tisfactory				
2: How would you rate the student in relation to attendance/punctu	ality.				
Please Circle One					
Excellent Very Good Good Satisfactory Not Sat	tisfactory				
3: How would you rate the student's knowledge and or competency in Te Reo Maori / Tikanga					
Please Circle One					
Excellent Very Good Good Satisfactory Not Sat	tisfactory				
3a: or their ability to learn another language.					
Please Circle One					
Excellent Very Good Good Satisfactory Not Sat	tisfactory				
4: Please comment in regards to any learning strengths or difficulties.					
Comment					

5: Please rate and comment in regard to Pastoral Care or Guidance.					
Please Circle One	2				
Excellent	Very Good	Good	Satisfactory	Not Satisfactory	
Comment					
C 11			1 1441	Call of the same and	
	=			ms of their support	
				e at Parent/Teacher	
Please Circle One	/hanau Hui/Extr	d Cui i iCuiai	Activities		
		Good	Caticfactory	Not Catisfactory	
Comment	Very Good	Good	Satisfactory	Not Satisfactory	
Comment					
7: If you have any other information that you think would be helpful, please					
comment be		Ulliation to	at you tillik wou	iu ne neipiui, piease	
COMMITTEE SC	1044.				

8: Has the student been Suspended or Stood down on any occasion. If so What For?				
Teacher Signature:	Position:	Date:		