

Saskatoon Catholic Board of Education

ENGLISH AS A SECOND LANGUAGE (E.S.L.) STUDENT INFORMATION

(To be used in conjunction with student registration form)

Name of Student _____

Name of Interpreter _____ Phone _____

Native Country _____ Native Language _____

Other Languages Spoken _____

Arrival Date in Canada _____ In Saskatchewan _____

Number of Years of Schooling in 1st Language _____

Number of Years of English Instruction _____

Background? _____ City/Urban _____ Country/Rural _____

Did student live in refugee camp? Yes No

If yes, how long? _____

Did student attend school regularly? Yes No

Are parents able to read/speak English? Yes No

Has student had immunization? Yes No

Has hearing been checked recently? Yes No

Has eyesight been checked recently? Yes No

Has student any health problems? Yes No

If yes, please describe.

Additional Information:

Date _____ School Name _____