NEWBRIDGE HEIGHTS PUBLIC SCHOOL

EAL/D (English as an Additional Language or Dialect) Student Information

Students name:		Class:	
Date of Birth:			
Country of Birth:			
Please indicate which languag			
	MAIN LANGUAGE	OTHER	
MOTHER			
MOTHER'S PARENTS			
FATHER		***************************************	
FATHER'S PARENTS			
CHILD		· · · · · · · · · · · · · · · · · · ·	
CHILD'S BROTHER/SISTER			
GUARDIAN if applicable			
* Which language does your fa	mily usually speak at ho	me?	
* Has your child attended pre-school?		YES	NO
* Which school did your child a Hts PS?	ittend before Newbridge		
* Does your child attend language classes outside of school hours eg. Greek, Arabic, Vietnamese?		YES	NO
 If your child was born oversea How many years did your Did your child study Engli Australia? 	as- r child attend school?		
Parent/Caregiver		Date	

Thank you. This helps us provide specialist teachers to support your child. EAL/D teachers