

**Annapolis Valley Regional School Board
ESL SERVICE REQUEST**

(to be completed by school principal and remitted to Student Services Coordinator)

Student Information:

Name: _____ Gr.: _____ D.O.B.: _____

School: _____ Homeroom Teacher: _____

Home Address: _____

Postal Code: _____

Phone (H): _____ Legal Guardian(s): _____

Background:

Is student part of any student exchange, international student, or foreign student program? Yes No

If 'Yes', please identify: _____

Student's first language (identify student's proficiency and literacy level in his/her first language): _____

Level of prior exposure to English: _____

Previous school experience/history: _____

Please list comments related to the student's attitude and knowledge towards learning English, the student's ability to engage in the curriculum, and what level of parental participation is expected in the student's learning:

Principal's Signature

Date