



HOME LANGUAGE SURVEY

STUDENT INFORMATION

Student Legal Name _____
(As shown on birth certificate)

Parent or Guardian Name _____ Student's Birthdate: _____

Home Phone: _____ Cell Phone: _____

School: _____ Grade: _____

BIRTH PLACE

Was your child born in the United States: Yes No

If yes, in which state? _____

IF BORN OUTSIDE THE UNITED STATES...

If no, in what other country was your child born? _____

On what date did your child enter the U.S.? _____

LANGUAGE

IMPORTANT: Federal and state laws require the following information be collect about the primary and home language for every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

1. Which Language does your child best understand and speak? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do adults in your home most frequently use when speaking with your child? _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of the testing.

SCHOOL COMMUNICATIONS PREFERENCE

If available, in what language would you prefer to receive all school information? _____

Signature of Parent or Guardian Date