

SALEM CITY SCHOOLS: STUDENT HOME LANGUAGE SURVEY

(To be completed upon registration for all new kindergarten and incoming students)

Relationship of person completing survey (please check the appropriate box):

Mother _____ Father _____ Guardian _____ Other _____

Was the student born outside the United States? ___ No ___ Yes*

*If yes, Birth Country: _____ Birth Place: _____

Please complete following:

| Student Information | |
|--|----------------|
| First Name: | Date of Birth: |
| Last Name: | |
| What language(s) are spoken in your home? | |
| Which language did your child learn first? | |
| Which language does your child use most frequently at home? | |
| In what language would you prefer to get information from the school? | |
| Has the student ever received ESL, or ELL services? ___ No ___ Yes ___ Unsure | |

Parent/Guardian Signature

Date

Office use only:

If the child was born outside of the country, speaks another language, has another language spoken in the home or has received previous ESL/ESOL services; then a copy of this form must be submitted to 1) the ESL teacher and 2) Randy Jennings, Title III A Coordinator, at Central Office.

Comments: