

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 is the primary language used in the home, regardless of the language spoken by the student?	
What is the language most often spoken by the student?	
What is the language that the student first acquired?	
In what language would you prefer to get information from the school?	
Has the student ever received ESL, or ELL services?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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: