

HOME LANGUAGE SURVEY

MUST BE COMPLETED BY ALL REGISTRANTS:

The information requested is mandated under Senate ORC Bill 140 and Education Management Information System (Sections 3301-0714)

STUDENT'S NAME: _____
(First Name) (Middle) (Last Name)

GENDER: Male Female **BIRTHDATE:** _____
(Month Day Year)

PLACE OF BIRTH: _____
(City of Birth) (State of Birth) (Country of Birth)

PARENT/GUARDIAN NAME: _____
(First Name) (Last Name)

HOME ADDRESS: _____
(Number and Street) (City/State) (Zip Code)

HOME PHONE # _____ **CELL PHONE#** _____

1. What language did your son/daughter speak when he or she first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently when speaking to your son/daughter? _____
4. What language do the adults at home most often speak? _____

If not born in the United States:

5. What year did your son/daughter first arrive in the United States? _____
6. How long has your son or daughter attended school in the United States? _____
7. My son/daughter began attending school in the United States on _____
(Month) (Date) (Year)
8. This is the first year for my son/daughter to attend school in the United States.
9. **IMMIGRANT YOUTH*:** Yes No

*To be considered an "immigrant youth", your child must meet *all three* of the following guidelines:

a) is aged 3-21; b) was NOT born in any U.S. State; c) has not attended school in any U.S. State for more than 3 full years.

Signature of Parent or Guardian _____

FOR SCHOOL DISTRICT PERSONNEL: If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in DASL and notify Curriculum Dept. ESL Secretary of new enrollment.