



HOME LANGUAGE SURVEY
Grades EC-12
(Please keep form on file at the school site)

Please print all information except signature.

Name of student _____

Date of Birth _____ School name _____

Race _____ Grade _____ Gender _____

Parents/Guardian Name _____

Parents/Guardian Telephone Number _____

Parents/Guardian Address _____

To be completed by parent or guardian:

Is a language other than English used in your home: Yes No

If Yes, please check one of the following:

The Other language is spoken More Often

The Other language is spoken Less Often

What is that language? _____

*If necessary this form may be translated to another language.

Signature of Parent or Legal Guardian

Date