

Garfield Public School District

Home Language Survey

Dear Parent/Guardian:

In order to comply with New Jersey State Statue 6A:15-1.3, we are required to survey **all** students as to their language use background, in order to plan for your child's educational needs.

Please complete the below form and return it to your child's school office.

| Student Information | | | |
|---|--------------------------------|--|--|
| Enroll Date: | School: | Student ID #: <i>Office use only</i> | |
| Students Last Name: | First Name: | Middle: | |
| Country of Birth: | Date of entry in the U.S. | Date first enrolled in a U.S. School: Month _____ Year _____ | |
| Date of Birth: | Age: | Grade: | Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> |
| Family Information | | | |
| Parent (s) / Guardian Names: | Person Completing this Survey: | | Relationship if other than parent: |
| Student's Physical Address: | Parent/Guardian Home # | | Did your child attend school outside the U.S.? ___ No ___ Yes Country _____ Grades Completed _____ |
| Mailing Address (If Different): | Parent/Guardian Cell # | | |
| | Parent/Guardian Work # | | |
| Please list all languages spoken in your home: | | | |
| Which language did your child first hear or speak? | | | |
| If English is the only language listed, stop here. | | | |
| If another language is listed, please answer the rest of the questions. | | | |
| Which language(s) do you speak to your child? | | | |
| Which language(s) does your child speak at home with adults? | | | |
| Which language(s) does your child speak at home with other children? | | | |
| What language(s) does your child read and write? | | | |
| If English was not your child's first spoken language, at what age was your child first exposed to English? | | | |

Signature of Person Completing the Survey

Date Completed