

This form is required for ALL Registrations

SCHOOL

DISTRICT

DATE

Instructions for survey administrator

1. Please ensure this survey is in a language which is comprehensible to the parent/guardian who is completing it, and provide an interpreter to translate the survey when necessary.
2. If responses indicate a language other than English, contact the Student Services Coordinator or ESOUELL Program Coordinator in your school or district immediately.
3. Note the date of referral to Student Services/ESOL Program: DATE
4. File the original *Home Language Survey* in the student's cumulative folder

Information for parents and guardians

All public school districts in the United States are required to provide language assistance to the parents and guardians of students in their local schools. In addition, it is the school's responsibility to identify any and all students who may have a language influence other than English. This is in order to determine whether the school is obligated to provide additional academic language services. In New Hampshire, these services are usually called ESOL or ELL Services.

STUDENT INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH

☐ Female ☐ Male

GENDER

COUNTRY OF BIRTH

CURRENT GRADE

DATE OF FIRST ENROLLMENT IN
US SCHOOL

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME

PARENT/GUARDIAN PHONE

STREET ADDRESS

PARENT/GUARDIAN EMAIL

WOULD YOU LIKE SCHOOL NOTICES TRANSLATED? ☐ Yes ☐ No

IF YES, WHAT LANGUAGE:

LANGUAGE INFORMATION

What language(s) does your child hear or speak at home?

What language(s) did your child hear or speak first?

*If English is the only language listed above, you may skip over the next questions.
If another language is listed, please answer the following questions.*

What language(s) do you use with your child?

What language(s) does your child hear or speak at home with relatives/friends?

What language(s) does your child use with the people in your community?

Parent/Guardian Signature: _____ Date: _____