

THE FOLLOWING IS TO BE COMPLETED BY PARENT/GUARDIAN:

STUDENT Language Information

*Dear Parents and Guardians: In order to help your child learn, your child's teachers need to determine which language **YOUR CHILD** uses most. Please respond to the questions below by checking the appropriate box.*

1. Which language did your child learn first? English Other (specify): _____
2. Which language is most often spoken in your home? English Other (specify): _____
3. Which language does your child usually speak? English Other (specify): _____

PARENT/GUARDIAN Language Information

*Dear Parents and Guardians: In order to help the school communicate with you regarding your child, we need to determine which language **YOU** use most. Please respond to the questions below by checking the appropriate box.*

1. Which language do you most often speak in your home? English Other (specify): _____
2. Which language would you prefer to receive written communication from the school? English Other (specify): _____
3. Would you like to have an interpreter available for school meetings and phone calls? No Yes (specify): _____

PARENT/GUARDIAN VERIFICATION OF INFORMATION

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Name (Printed)

Signature – Parent/Guardian

Date

THE FOLLOWING IS TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL:

STUDENT IDENTIFICATION INFORMATION

Student's Name (First, Middle, Last)

Date of Birth

Age

Grade Level

DISTRICT IDENTIFICATION/VERIFICATION INFORMATION

School Name:

District Number:

831

I hereby verify that the above information is true and accurate to the best of my knowledge and belief.

Name (Printed)

Signature – Responsible Authority

Title

Date