

Home Language Information Form

Student Information

First Name		Date of Birth	
Middle Name		City of Birth	
Last Name		Country of Birth	
Grade		Social Security Number	
Sex		Mother's Maiden LAST Name	

Citizenship (check only ONE)

<input type="checkbox"/> United States Citizen	<input type="checkbox"/> Dual Nation	<input type="checkbox"/> Other (please list below)
<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> Resident Alien	

Ethnic Background (Check only ONE)

<input type="checkbox"/> WHITE, NON-HISPANIC	Persons having origins in any of the original peoples of Europe, North Africa or Middle East.
<input type="checkbox"/> BLACK, NON-HISPANIC	Persons having origins in any of the black racial groups in Africa.
<input type="checkbox"/> HISPANIC	Persons of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture or origin regardless of race.
<input type="checkbox"/> ASIAN or PACIFIC ISLANDER	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. (ex. China, India, Japan, Korea, the Philippine Islands and Samoa)
<input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE	Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<input type="checkbox"/> MULTI-RACIAL	Persons having origins in two or more of the above options.

Native Language (Check only ONE)

<input type="checkbox"/> ENG - English	<input type="checkbox"/> CRE - Creole-French	<input type="checkbox"/> PTG - Portuguese	<input type="checkbox"/> TAG - Tagalog
<input type="checkbox"/> ALB - Albanian	<input type="checkbox"/> GER - German	<input type="checkbox"/> ROM - Romanian	<input type="checkbox"/> TRO - Trigiyan
<input type="checkbox"/> AMH - Amharic	<input type="checkbox"/> HMG - Hmong	<input type="checkbox"/> RUS - Russian	<input type="checkbox"/> UKR - Ukrainian
<input type="checkbox"/> ARA - Arabic	<input type="checkbox"/> JPN - Japanese	<input type="checkbox"/> SBC - Serbo	<input type="checkbox"/> VTM - Vietnamese
<input type="checkbox"/> CAM - Cambodian	<input type="checkbox"/> KOR - Korean	<input type="checkbox"/> SOM - Somali	<input type="checkbox"/> OTH - Other (please list)
<input type="checkbox"/> CAN - Cantonese	<input type="checkbox"/> LAO - Laotian	<input type="checkbox"/> SPN - Spanish	

Additional Information (Circle ONE)

- Was this child born outside of the USA? Yes No
- Was one or both of the parents born outside of the USA? Yes No
- Is a language other than English the primary language spoken at home? Yes No
- Does this student speak limited English Yes No
- Has this student been in the USA for LESS than 3 years? Yes No
- If yes, how long have they been in the USA? _____ years and _____ months

If you marked YES to any of the above questions, please answer the following questions:

1. What language did your child speak when they first learned to talk? _____
2. What language does your child use most frequently at home? _____
3. What language do you use most frequently to speak to your child? _____
4. What language do the adults at home most often speak? _____
5. How long has your child attended school in the United States? _____

Parent/Guardian Signature

Date