

Garfield 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			
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?			
<p>If English is the only language listed, stop here.</p> <p>If another language is listed, please answer the rest of the questions.</p>			
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