Frederick County Public Schools
Home Language Survey

To Be Completed by Parent or Guardian

Under provisions of the Civil Rights Act of 1964, each student's dominant language must be identified. This information is essential in order for schools to provide meaningful instruction. Please answer the questions below accurately and completely.

Student Name: _____
Last First Middle

Date of Birth: _____/____/_____ Home/Cell Phone #_____
Month Day Year

School: _____ Grade Level: _____

1. Was the student born in the United States?
   - ☐ Yes
   - ☐ No

   ***If no** – Date of Entry to U.S. _____ Date of Entry to VA Public School _____*
   Mo Day Yr *Mo Day Yr*

   Date of Entry to U.S. School _____
   Mo Day Yr

2. What was the first language this student spoke? _____

3. Is there a language other than English spoken in the home? _____ Yes _____ No

4. What language(s) does the student speak at home? _____

In which language do you prefer to receive communication from the school? _____

The law requires that all language minority children be screened to determine English language proficiency for academic success. You will be notified of the results if your child is found eligible to receive services through the English as a Second Language program.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Printed Name of Parent/Guardian Date

***Registrar**: Please complete this information and sign and date this form.*

Refugee Status
- Does the student have refugee status? Yes No

Immigrant Status
- Is the student between the ages of 3 and 21? Yes No
- Was the student born outside of the U.S.? Yes No
- Has the student attended U.S. schools for less than three full academic years? Yes No
  (This answer may require a review of scholastic records.)
- Original enrollment date in U.S. schools _____

_____ _____
Registrar Date

Revised September 2015