

**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