

Parent/Guardian Military Status

Select all that apply for the Parents or Guardians:

- Active Duty in Armed Forces (not including National Guard) including Army, Navy, Air Force, Marine Corps, and Coast Guard
- Full Time National Guard



English for Speakers of Other Languages Home Language Survey

Student Information			
First name:	Last name:	Date of Birth:	Gender: <input type="checkbox"/> female <input type="checkbox"/> male
Country of Birth:		Date first enrolled in a U.S. school: Month _____ Year _____	Current grade:

Family Information	
Name of parent/legal guardian:	Phone number:
Address:	<input type="checkbox"/> Please translate school notices. Language _____

Questions for Parents/Guardians	Response
Please list all languages spoken in your home.	
Which language did your child first hear or speak?	
If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.	
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?	

If a language other than English is listed above, an ESOL teacher will test your child to find out if he or she can speak, understand, read, and write well in English. The results will be sent to you within 30 days. Based on the results of the test, your child may be eligible to receive services from an English for Speakers of Other Languages (ESOL) Tutor at school. Parents/guardians may accept or decline ESOL program services for their child.

Instructions for survey administrator:

1. Please provide an interpreter when necessary.
2. If responses indicate a language other than English, please contact the ESOL Coordinator and provide her/him with a copy of this survey. Date of referral to ESOL Coordinator: _____
3. File original Home Language Survey in student's cumulative folder.

STUDENT CHANGE FORM

DATE: _____ EFFECTIVE DATE: _____

STATUS (CHECK ONE): NEW STUDENT ADDRESS CHANGE DELETE

SCHOOL (CHECK ONE): H.S. M.S. ELEM

STUDENT NAME: _____

STUDENT I.D. # _____ GRADE: _____

NEW ADDRESS: _____

OLD ADDRESS: _____

NOTES:

TO BE COMPLETED BY BUS COMPANY:

DATE RECEIVED: _____ PROCESSED BY: _____

BUS # _____ BUS STOP: _____

ESTIMATED A.M PICK-UP TIME: _____ START DATE: _____

(PLEASE ALLOW 48HRS TO PROCESS REQUEST)