

STEP Academy



Home Language Questionnaire

ED-01336-08E
Enrollment Document 3

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	STEP Academy	District Number	4200-07
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	

The following is to be completed by **Parent/Guardian**.

STUDENT LANGUAGE INFORMATION		
<i>Dear Parents and Guardians:</i> <i>In order to help your child learn, your child's teachers need to determine which language your child uses most.</i> <i>Please respond to the questions below by checking the appropriate box.</i>		
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): _____
4. Which language do you prefer to communicate?	English	Other (specify): _____
5. Do you want/need an interpreter?	English	Other (specify): _____

PARENT/GUARDIAN VERIFICATION OF INFORMATION	
I hereby verify that the above information is true and accurate to the best of my knowledge and belief.	
_____ Name (Printed)	
_____ Signature- Parent/Guardian	_____ Date