

**Little Falls Township Public Schools  
LANGUAGE SURVEY  
NEW ENTRANT REGISTRATION INFORMATION**

<b>Student's Name:</b>		<b>Date:</b>	
<b>Date of School Entrance:</b>		<b>Birth Country:</b>	
<b>Person Completing the Survey:</b>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Other:		

**Family Information:**

<i>NAME</i>	<i>BIRTH PLACE</i>	<i>LANGUAGE SPOKEN</i>
<i>Father</i>		
<i>Mother</i>		
<i>Guardian</i>		

<b>Entry Date into U. S. School System:</b>	Did child attend day care or School in U.S?                      YES      NO
<b>Transferring From:</b>	School:
	Address:
<b>Last grade Completed:</b>	
<b>Grades Repeated:</b>	Immigrant or Temporary Resident?
<b>Enrolled in ESL or Bilingual Program?</b>	

Directions: Check or write in the correct response for each of the following questions about your child.

	English	Other [specify]
What language did the child learn when he/she first began to talk?		
What language does the family speak at home most of the time?		
What language does the parent [guardian] speak to the child most of the time?		
What language does the child speak to his/her parent [guardian] most of the time?		
What language does the child speak to her/her brothers and sisters most of the time?		
What language does the child speak to his/her friends most of the time?		
In which language do you wish to receive school communication?		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[person completing the survey]

**FOR OFFICE USE ONLY:**

Native Language:		Administrator's Initials:
Home Language:		
Refer to ESL?		