SCHOOL YEAR / ST. JOHNS COUNTY SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Please Respond in English English
Home Language Survey

Stu	dent's Name:(Last)	(First)	(Mide	ile)	Date:	
Sch	ool:	` '	•	•	ge:	Gender: [] M [] F
Pare	nt or Guardian's Name:				0.0183	
(Last) Home Address:		(First)		State: FL	(Middle) Zip:	•
					_	
		Work Phon	e		ец:	
Ple	ase answer all questions below:					
l.	Is a language other than English us	ed in the home?		Yes -	☐ No	
2.	Does your child have a first language	ge other than English?		Yes	☐ No	
3.	Does your child most frequently sp	eak a language other than	English?	Yes	☐ No	
1 .	What language is the most frequently spoken at home?					
5.	What is the student's country of origin?					
ś.	What is your child's country of birth?					
' .	What is your child's state & city of	birth?				
3.	What is your child's Date of Entry	into the United States?				
).	Which language did your child learn	n when he/she first began	to talk?			
0.	What language do you most frequently speak to your child? Father:			 		·····
			Mother:			
.1.	Please describe the language understood by your child. (Please check only one.) A.					
2.	If available, in what language would communications from the school?	lyou prefer to receive				
arent or Guardian's Signature:				Date:	<u></u>	
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	FOR OFFICE USE ONLY					
	Student ID#	Date Distributed	Date Received			-