**HOME LANGUAGE SURVEY**

School District: Port Allegany School District Date: March 27, 2014

School: Port Allegany Elementary School

 Student Name:       Grade:

1. What is / was the student’s first language:
2. Does the student speak a language other than English?

 *Do not include languages that are / were learned in school.*

If **Yes**, specify the language(s):

1. What language(s) is / are spoken in your home?
2. Has the student attended any United States school in any 3 years during his / her lifetime?

**Yes  No **

If **Yes**,complete the following:

Name of School State Dates Attended

 Person completing this form (if other than parent / guardian):

Parent / Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*The school district / charter school / full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district / charter school /full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district / charter school / full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district / charter school / full day AVTS in the future.

Please remember to complete, print, sign, and submit to Port Allegany Elementary School Principal’s Office.

Enrollment Packet form 5 of 9