

Home Language Survey

District Type and Number 4089-07	School Name and Number New City School – 010 New City School – East Campus - 020
Student Name _____	

Student Language Information

Dear Parents and Guardians: In order to help your child learn, your child's teachers need to determine which language your child uses most. Please respond to the questions below by checking the appropriate box. You may check both boxes. If you check "Other" please list the other language.

1. Which language did your child learn first? English Other (specify): _____
2. Which language is spoken most in your home? English Other (specify): _____
3. Which language does your child usually speak? English Other (specify): _____

Parent/Guardian Information

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Name (Printed) _____

Signature- Parent/Guardian _____ **Date** _____