

Rockaway Valley Community Schools
Home Language Survey

Student Name: _____ Birth Date: _____ Sex: ☐ M ☐ F

Parent/Guardian Name: _____

Address: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

School: _____ Grade: _____

Was your child born in the United States? ☐ Yes ☐ No

If yes, in which state? _____

If not, in what other country? _____

Has your child attended any school in the United States
for any three years during their lifetime? ☐ Yes ☐ No

If yes, please provide school name(s), state, and dates attended:

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

In which language do you prefer to receive written information from school? _____

In which language do you prefer to receive spoken information from school? _____

Home Language Survey Questions

What is the primary language used in the home, regardless of the language
spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

Parent/Guardian Signature

Date