

THE FOLLOWING IS TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL :

STUDENT IDENTIFICATION INFORMATION

Student's Name (First, Middle, Last)

Date of Birth

Age

Grade Level

DISTRICT IDENTIFICATION/VERIFICATION INFORMATION

School Name

District Number

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

Name (Printed)

Signature – Responsible Authority

Title

Date

THE FOLLOWING IS TO BE COMPLETED BY PARENT/GUARDIAN :

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.

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

PARENT/GUARDIAN VERIFICATION OF 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