

HOME LANGUAGE SURVEY

The California Education Code requires schools to determine the language spoken at home by each child to provide the appropriate learning program.

1. What language did your child learn when he/she first began to talk? _____
2. What language does your child most frequently use at home? _____
3. What language do you use most frequently to speak to your child? _____
4. Name the language(s) in the order most spoken by adults at home? _____

El Código de Educación de California requiere que las escuelas determinen el idioma que se habla en el hogar de cada estudiante. Esta información es esencial para que las escuelas pueden proporcionar instrucción significativa a todos los estudiantes.

Por favor conteste las siguientes preguntas.

1. Cuando su hijo(a) empezó a hablar. Cuál idioma aprendió primero? _____
- 2.Cuál idioma usa principalmente su hijo(a) cuando conversa en la casa? _____
- 3.Cuál idioma usa Ud. Con más frecuencia cuando habla con su hijo(a)? _____
- 4.Cuál (es) idioma(s) hablan los adultos con más frecuencia en la casa? _____

PLEASE ADD ANY INFORMATION THAT YOU BELIEVE WOULD HELP THE TEACHER UNDERSTAND YOUR CHILD BETTER:

OTHER CHILDREN IN THE FAMILY:

NAME	RELATIONSHIP TO STUDENT	BIRTH DATE	LIVING AT HOME	
			YES	NO

First day of attendance _____

Bus# AM _____ PM _____

File Requested _____

ARCOHE UNION SCHOOL DISTRICT
REGISTRATION INFORMATION

Teacher/Grade _____

M / /
F Birthdate

Pupil's Name _____
(Legal Last) (First) (Middle)

Mailing Address _____ /Street Address _____

City _____ Phone _____

Birthplace _____ Verified _____

Pupil's SS# _____

Name & Address of Previous School _____

Is the pupil currently in a special education program?
____ Yes ____ No If yes, please indicate which type:
 Communicatively GATE
(Speech, Language)
 Learning Handicapped Other
(LH, RSP, SDL)
Please submit a copy of your child's current IEP.

NAME	ADDRESS	LIVING?		PUPIL LIVES WITH	
		YES	NO	YES	NO
Father _____	_____				
Mother _____	_____				
Guardian _____	_____				

Mother's Employer _____ Address _____ Phone () _____

Father's Employer _____ Address _____ Phone () _____

Shall parent be called at place of employment in case of emergency? _____

EMERGENCY INFORMATION (Person to call if parent not available)

Name _____ Phone() _____ Name _____ Phone() _____

HEALTH INFORMATION

Date of last physical _____ Wears glasses? _____ Hearing difficulty? _____

Allergies? _____

Other Medical Concerns(Asthma, headaches, nosebleeds, etc) _____

Daily Medication?(Kind) _____

EMERGENCY MEDICAL ATTENTION

In the event of an emergency situation relating to my minor child named above, and in the event that I am unavailable, I hereby give my consent to Arcohe Union School District to administer whatever emergency care is deemed appropriate until I can be reached.

Name & Address of Family Doctor _____

Date _____ Parent/Guardian signature _____

PLEASE COMPLETE OTHER SIDE