

# Saint Joseph Catholic School

## Home Language Survey

TO BE COMPLETED BY PARENT or GUARDIAN. This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT \_\_\_\_\_

GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

1. What language is spoken in you home most of the time? \_\_\_\_\_

2. What language does you child (do you) speak most of the time? \_\_\_\_\_

3. Was your child born outside of the U.S.? Yes, \_\_\_\_\_ No \_\_\_\_\_

4. How many years has your child attended U.S. schools?      0   1   2   3   4+  
(Please circle number of years)

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Signature of Parent/Guardian

Date