

# Home Language Survey

## LUMBERTON TOWNSHIP SCHOOL DISTRICT

33 Municipal Drive  
Lumberton, NJ 08048  
Phone (609) 267-1406

Student's Name \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

Class/Homeroom Teacher (if known) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: (print) \_\_\_\_\_ Home Phone: \_\_\_\_\_

As required by state and federal law (State Bilingual Education Act of 1974, Federal-Lau vs. Nichols Supreme Court ruling of 1974), all parents must be surveyed as to the home language of their public school children. The child's parent or guardian must complete the form.

This data is used to determine need for language support services. The district offers students English as a Second Language where appropriate and/or if desired by parents.

*Please complete the portion below and return with your child's registration information.*

		English (✓)		Other Language (Write in)
1.	What language did your child first learn to speak?			
2.	What language do you use most often when speaking to your child at home?			
3.	What language does your child use most often when speaking to you?			
4.	What language does your child use most often when speaking to brothers and sisters?			
5.	What language does your child use most often when speaking to other relatives?			
6.	What language does your child use most often when speaking to friends at home?			
7.	Was your child born in the United States?	yes	no	(circle one)

**Check box if appropriate:**

I would like my child to be evaluated for Limited English Proficiency and/or possible language support through the district's English as a Second Language program.

Parent/Guardian Signature \_\_\_\_\_