



# St. Philip Neri Catholic School

*Educating the Whole Child: Mind, Body and Spirit*

## Enrollment Checklist

The following forms must be completed to finalize enrollment and start classes for the 2021-2022 school year. You can download a Registration Packet from our website under Admissions at [www.stphilipneri.net](http://www.stphilipneri.net) or you can contact the Office for a Registration Packet.

### REQUIREMENTS FOR ALL CURRENT AND NEW FAMILIES:

- Enrollment Application Form + Preregistration Deposit Fee (\$100 per child)
- Registration Fee: \$400 (includes \$100 pre-registration deposit)
  - \$275 Balance Paid by July 1, 2021 (\$25 Discount)
  - \$300 Balance Paid after July 1 and before 1<sup>st</sup> day of school (August 30, 2021)
- SchoolSpeak Registration (School Communication and Student Database System)
  - Update Profile for Current Families
- Family Emergency Card
- Food & Allergy Form
  - Medicine Authorization Form (if needed)
- Parent Non-Commercial Release Form (ADLA)
- Home Language Survey
- Learning Option Form: Distance Learning or Hybrid Learning
- Updated Immunization Records: K and 7th Grade Students Only
- Signed Tuition Agreement (Meeting w/ Principal)
- Completed TADS Account and Contract (Includes \$55 Processing Fee to TADS)

### ADDITIONAL ITEMS FOR NEW FAMILIES/STUDENTS:

- Birth Certificate
- Communion Certificate (if applicable)
- Current Immunization Record
- Copy of Last Report Card and School Transcripts
  - An SPN Request for Transcripts can be provided
- Interview with the Principal Required
- Placement tests will be scheduled
- TK: Students must be 4 years of age by September 1st
- K: Students must be 5 years of age by September 1st

## FINANCIAL ASSISTANCE APPLICATION REQUIREMENTS:

- Attend an **SPN Financial Assistance Information Session** (A session will be provided in March & April 2021)
- Request a **2021-2022 CEF Application**: You can download from our website at [www.stphilipneri.net](http://www.stphilipneri.net) or request a hard copy from the Office.
- Complete the **2021-2022 CEF Application** (download from our website) and provide a copy of your **2019 Federal Income Tax** by **APRIL 15, 2021**.
- Financial Assistance Interviews with the Principal will be scheduled (beginning March 2021).

\*2021-22 Tuition Contracts will be finalized after receiving a decision from CEF and before your child's enrollment can be finalized.

## PARENT VIRTUS CERTIFICATION REQUIREMENTS:

*Mandatory in order to do Service Hours on campus.*

*The Office can provide you more information about your status and more information.*

- ADLA Fingerprint & Background Clearance
- Completion of the VIRTUS Certification Course
  - NEW CERTIFICATION: Protecting God's Children (3 hours - Expires after 4 years)
  - RECERTIFICATION: Keeping the Promise Alive (1.5 hrs - Expires after 3 years)
- Signed Guidelines for *Adults Working with Minors at Parish/School Events* Form

# SAINT PHILIP NERI CATHOLIC SCHOOL

12522 Stoneacre Ave.  
Lynwood, CA 90262  
(310) 638-0341

## ENROLLMENT APPLICATION

## 2021-2022

TODAY'S DATE: \_\_\_\_\_

STUDENT INFORMATION				GRADE ENTERING	RELIGION	
LAST NAME	FIRST NAME	MIDDLE				
ADDRESS		CITY	ZIP CODE			
BIRTH DATE: MM DD YYYY		BIRTH PLACE	SEX (circle): M F			
		STATE	E-mail:			
STUDENT LIVES WITH: (CIRCLE ALL THAT APPLY)						
FATHER		MOTHER	BOTH	STEPFATHER	STEPMOTHER	
GUARDIAN						
FAMILY INFORMATION	<b>FATHER:</b>					
	LAST NAME		FIRST	MIDDLE	RELIGION	BIRTHPLACE
	OCCUPATION	WORK TELEPHONE #	PLACE OF WORK			
	CELL PHONE NUMBER		WORK ADDRESS		ZIP CODE	
	MARITAL STATUS (CIRCLE ONE): SINGLE MARRIED DIVORCED WIDOWER DECEASED		SPEAKS: SPANISH	ENGLISH BOTH	ETHNICITY (Optional)	HIGHEST LEVEL OF EDUCATION
	<b>MOTHER:</b>					
	LAST NAME		FIRST	MIDDLE	RELIGION	BIRTHPLACE
	OCCUPATION	WORK TELEPHONE #	PLACE OF WORK			
	CELL PHONE NUMBER		WORK ADDRESS		ZIP CODE	
	MARITAL STATUS (CIRCLE ONE): SINGLE MARRIED DIVORCED WIDOWER DECEASED		SPEAKS: SPANISH	ENGLISH BOTH	ETHNICITY (Optional)	HIGHEST LEVEL OF EDUCATION
	<b>GUARDIAN:</b>					
	LAST NAME		FIRST	MIDDLE	RELIGION	BIRTHPLACE
OCCUPATION	WORK TELEPHONE #	PLACE OF WORK				
CELL PHONE NUMBER		WORK ADDRESS		ZIP CODE		
MARITAL STATUS (CIRCLE ONE): SINGLE MARRIED DIVORCED WIDOWER DECEASED		SPEAKS: SPANISH	ENGLISH BOTH	ETHNICITY (Optional)	HIGHEST LEVEL OF EDUCATION	
RELATIONSHIP TO STUDENT:						
PARISH INFORMATION:	ARE YOU A REGISTERED MEMBER OF SAINT PHILIP NERI PARISH? YES _____ NO _____					
	IF YES, YEAR OF REGISTRATION: _____					
	IF NO, WHAT IS YOUR PARISH? _____					
	DO YOU USE YOUR PARISH CONTRIBUTION ENVELOPES? YES _____ NO _____ NUMBER#: _____					
	DO YOU ATTEND MASS REGULARLY AS A FAMILY? YES _____ NO _____					
	LIST AREAS OF INVOLVEMENT IN THE PARISH, PLEASE BE SPECIFIC: _____ _____					
IF YOUR FAMILY IS NEW TO THE AREA, LIST INVOLVEMENT IN PREVIOUS PARISH: _____ _____						

SCHOOL LAST ATTENDED:	NAME OF SCHOOL: _____
	ADDRESS: _____ CITY: _____ STATE: _____

ALUMNI:	Are there any family members that have attended Saint Philip Neri School? (parents, aunts, uncles, cousins, etc.)
	Name: _____ Relationship: _____ Graduation Year: _____
	Name: _____ Relationship: _____ Graduation Year: _____
	Name: _____ Relationship: _____ Graduation Year: _____
	Name: _____ Relationship: _____ Graduation Year: _____

BROTHERS AND SISTERS:	NAME	GRADE	SCHOOL ATTENDING*	GRADUATED FROM	YEAR
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

\* IF ATTENDING SAINT PHILIP NERI SCHOOL:  
 VERIFIED BY: \_\_\_\_\_ COMPLETE: \_\_\_\_\_ INCOMPLETE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THE FOLLOWING ADDITIONAL DOCUMENTS MUST BE SUBMITTED (NEW STUDENTS ONLY):**

_____ Birth Certificate	_____ Copy of Last Report Card/Transcripts
_____ Baptismal Certificate (if applicable)	_____ Copy of Public School IEP (if needed)
_____ Communion Certificate (if applicable)	
_____ Current Immunization Record <i>(New &amp; Current TK, K &amp; 7th Grade)</i>	

**\*\*A Placement Test will be scheduled**  
**\*An Interview with the Principal is Required before Acceptance**

For Office Use:		Test Results: _____
Date Received: _____	Test Date: _____	Acceptance Status: _____
_____	_____	_____
By: _____	Test Time: _____	Grade: _____
		Transcripts Rcd: <input type="text"/>





## 2021-2022 SchoolSpeak Registration Form

### FOR NEW FAMILIES & CURRENT FAMILIES (WITH UPDATES ONLY):

*SchoolSpeak* is the primary online parent communication and student database system used for attendance and grading. Parents can have access to posted school and classroom announcements, homework assignments, attendance and grades. In order to have online access, at least ONE parent/guardian MUST provide the following information. New families must complete and return to the office with your registration packet. You will receive a Welcome Email and a login username and password once set up.

#### **PRIMARY Parent to receive student information:**

_____	_____	_____	_____-_____-_____ _____
Student #1 First Name	Student Last Name	Grade	Date of Birth
_____	_____	_____	_____-_____-_____ _____
Student #2 First Name	Student Last Name	Grade	Date of Birth
_____	_____	_____	_____-_____-_____ _____
Student #3 First Name	Student Last Name	Grade	Date of Birth

_____	_____	Cell phone # _____
Parent First Name	Parent Last Name	Phone Carrier: _____ (ex. AT&T -For Future Text Messages)
Home Address: _____ CA _____		
_____	_____	_____
Street Number & Name	City	Zip Code
E-Mail: _____@_____		

If you would like to authorize a **SECOND person** to receive this information please provide us with the following information and sign at the bottom.

_____	_____	Cell phone # _____
First Name	Last Name	Phone Carrier: _____ (For Future Text Messages)
E-Mail: _____@_____		

Authorized by: \_\_\_\_\_

_____	_____
Print First and Last Name	Signature

FAMILY'S LAST NAME:  
APELLIDO FAMILIAR

ARCHDIOCESE OF LOS ANGELES  
EMERGENCY - EARTHQUAKE - DISASTER INFORMATION

FAMILY INFORMATION/INFORMACION FAMILIAR

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone #: ( ) \_\_\_\_\_ Pager # ( ) \_\_\_\_\_ Cellular Phone # ( ) \_\_\_\_\_ Call: 1<sup>st</sup>, 2<sup>nd</sup> (circle)  
 Mother's Work Phone # ( ) \_\_\_\_\_ Payer # ( ) \_\_\_\_\_  
 Father's Work Phone # ( ) \_\_\_\_\_ Payer # ( ) \_\_\_\_\_ Cellular Phone # ( ) \_\_\_\_\_ Call: 1<sup>st</sup>, 2<sup>nd</sup> (circle)

Child/children live with \_\_\_\_\_ Both natural Parents/Ambos padres naturales \_\_\_\_\_ Mother only/unicamente con la madre \_\_\_\_\_ Father/Stepmother/Padre/madrastra  
 Alumno/os viven con: \_\_\_\_\_ Father only/unicamente con el padre \_\_\_\_\_ Mother/Stepfather/Madre/padrastro \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Mother's Name/Nombre de la Madre: \_\_\_\_\_ Mother's maiden name/apellido de soltera \_\_\_\_\_  
 Occupation/ocupación \_\_\_\_\_ Hours of employment/horas de empleo: \_\_\_\_\_  
 Employer/empleador \_\_\_\_\_ Work Address/dirección \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name/Nombre del Padre: \_\_\_\_\_  
 Occupation/ocupación \_\_\_\_\_ Hours of employment/horas de empleo: \_\_\_\_\_  
 Employer/empleador \_\_\_\_\_ Work Address/dirección \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

STUDENT'S INFORMATION/INFORMACION DEL ALUMNO Complete information for each child/complete la información por cada alumno  
 1. Last name/APELLIDO \_\_\_\_\_ First/Nombre: \_\_\_\_\_ Middle/Segundo nombre \_\_\_\_\_

Grade/Grado:	Social Security # (optional)	Birthdate Fecha de nacimiento:	Birthplace Lugar de Nacimiento:	FOR OFFICE USE ONLY PARA USO DE LA OFICINA UNICAMENTE
Sex/Sexo: <b>M</b> <b>F</b> (circle one)	Wears/usa: Glasses/Anteojos Contact lenses/lentes De Contacto (circle one)			
Medical Alert/Alerta Médica: Conditions requiring special emergency care/Condiciones que requieren cuidados de emergencia especiales.	Asthma/Allergies _____ Health Problems/Problemas de Salud _____ Medication/Medicamento _____			
History of seizures/Historia de ataques _____ Yes/Si _____ No (circle) _____ Student's HMO enrollment #: _____				

STUDENT'S INFORMATION/INFORMACION DEL ALUMNO Complete information for each child/complete la información por cada alumno  
 2. Last name/APELLIDO \_\_\_\_\_ First/Nombre: \_\_\_\_\_ Middle/Segundo nombre \_\_\_\_\_

Grade/Grado:	Social Security # (optional)	Birthdate Fecha de nacimiento:	Birthplace Lugar de Nacimiento:	FOR OFFICE USE ONLY PARA USO DE LA OFICINA UNICAMENTE
Sex/Sexo: <b>M</b> <b>F</b> (circle one)	Wears/usa: Glasses/Anteojos Contact lenses/lentes De Contacto (circle one)			
Medical Alert/Alerta Médica: Conditions requiring special emergency care/Condiciones que requieren cuidados de emergencia especiales.	Asthma/Allergies _____ Health Problems/Problemas de Salud _____ Medication/Medicamento _____			
History of seizures/Historia de ataques _____ Yes/Si _____ No (circle) _____ Student's HMO enrollment #: _____				

<b>STUDENT'S INFORMATION/INFORMACION DEL ALUMNO</b> Complete information for each child/complete la información por cada alumno			
3. Last name/Apellido		Middle/Segundo nombre	
Grade/Grado:	Social Security # (optional)	Birthdate Fecha de nacimiento:	Birthplace Lugar de Nacimiento:
Sex/Sexo: <b>M</b> <b>F</b> (Circle one)	Wears/usa: Glasses/Antejos Contact lenses/lentes De Contacto (circle one)		
Medical Alert/Alerta Médica: Conditions requiring special emergency care/Condiciones que requieren cuidados de emergencia especiales.			
Asthma/Allergies Health Problems/Problemas de Salud Medication/Medicamento			
History of seizures/-historia de ataques Yes/Si No (circle) Student's HMO enrollment #: _____			

FOR OFFICE  
USE ONLY  
PARA USO  
DE LA  
OFICINA  
UNICAMENTE

EMERGENCY CARE INFORMACION/INFORMACION DE CUIDADO DE EMERGENCIA	
Name/Nombre:	Relationship/Relación:
Name/Nombre:	Relationship/Relación:
Name/Nombre:	Relationship/Relación:
Name/Nombre:	Relationship/Relación:
	Phone#
	Phone#
	Phone#
	Phone#

**HEALTH INSURANCE/ASEGURANZA MEDICA Carrier Name & Address:**

Group Number/Numero de Grupo: \_\_\_\_\_ Subscriber Number/numero de subscripción \_\_\_\_\_

Doctor's Name/Nombre del Doctor \_\_\_\_\_ Address/Dirección \_\_\_\_\_

Dentist's Name/Nombre del Dentista \_\_\_\_\_ Phone #/# de Telefono: \_\_\_\_\_ Address/Dirección \_\_\_\_\_

**EARTHQUAKE-DISASTER RELEASE INFORMATION/INFORMACION DE EMERGENCIA Y TERREMOTO**

TO BE COMPLETED FOR EACH STUDENT BY SCHOOL OFFICIAL IN THE EVENT OF AN EARTHQUAKE-DISASTER  
A SER COMPLETADA PARA CADA ALUMNO POR UN OFICIAL ESCOLAR EN EL EVENTO DE UN TERREMOTO O DESASTRE

1. Student's Name/Nombre del alumno \_\_\_\_\_ 2. Student's Name/Nombre del alumno \_\_\_\_\_ 3. Student's Name/Nombre del alumno \_\_\_\_\_

Was released to/se le entregó a: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_ Time/Hora: \_\_\_\_\_

Location to where the child was taken/lugar a donde se llevó al alumno: \_\_\_\_\_

School official releasing the child/Oficial escolar que entregó al alumno: \_\_\_\_\_

**CONSENT/ACUERDO**  
I understand that the school does not assume responsibility for payment of physician. However, in an emergency the school may choose a physician, in an emergency I give the school permission to have my child receive medical treatment.  
Entiendo que la escuela no asume responsabilidad por pago a doctores. Sin embargo, en caso de emergencia la escuela puede elegir un doctor. En caso de emergencia le doy autorización para que mi hijo/a reciba tratamiento médico.

**Signature of/Firma de** \_\_\_\_\_ **Date** \_\_\_\_\_ **Parent/Guardian** \_\_\_\_\_

**SAINT PHILIP NERI CATHOLIC SCHOOL**  
**FOOD / ALLERGY & MEDICATION FORM**  
**2021-2022 SCHOOL YEAR**

Dear Parents/Guardians:

On occasion, parents ask to bring treats (birthdays, etc) for class. WE MUST HAVE THIS FORM ON FILE IF YOUR CHILD IS TO PARTICIPATE IN THE OCCASIONAL FOOD TREATS. Also, we need to know if your child requires medication to be taken at school

**ALLERGY INFORMATION:**

- My child has **NO** food allergies. \_\_\_\_\_ (Please Initial)
- My child **HAS** the following allergies: (Please specify below) \_\_\_\_\_

**PERMISSION TO PARTICIPATE IN CLASSROOM PARTIES:**

- My child **MAY** eat treats for classroom parties (e.g. birthdays and/or special events).

Please circle one:

YES       NO

**MEDICATION AUTHORIZATION:** . If you answer yes, you must complete the **Medication Authorization and Permission Form** so that medication can be stored in the office and taken at school if needed.

- My child needs to take medication at school:

YES       NO

- Please specify (name of medication): \_\_\_\_\_

Reason: \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**Parent Name (Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## MEDICATION AUTHORIZATION AND PERMISSION FORM

Location: \_\_\_\_\_

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event or activity.

Last Name of Minor	First Name	Sex	Birth Date
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Name of Medication: \_\_\_\_\_

**A. Physician's Instructions.** (Complete where applicable)

Purpose of Medication or Diagnosis \_\_\_\_\_

Dosage Prescribed	Date/Time Schedule	Dose Form (tablet/liquid)
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Please notify this office if patient misses medication  Yes  No

Medication may have adverse effects (explain) \_\_\_\_\_

Special instructions and/or comments: \_\_\_\_\_

Print Name of Licensed Physician	Signature of Licensed Physician	Date
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Physician Address and Phone Number \_\_\_\_\_

**B. Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity:** I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the Location's policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Name: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR  
(NONCOMMERCIAL)**

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*This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"):*

**Name of Location:** ST. PHILIP NERI SCHOOL

The Location intends to use your child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

**Description of events/activities to which this Release applies:**

ALL CLASSROOM, PARISH CHURCH AND SCHOOL RELATED EVENTS CONDUCTED ON OR OFF CAMPUS

**Duration of Release:** 2021-2022 SCHOOL YEAR (August 1, 2021 - June 30, 2022)

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*This section to be completed by Parent/Guardian:*

I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_, a minor.

I hereby authorize the Location to use the following personal information about my child:  
(Please initial the applicable boxes)

**Image:** yes no   **Voice:** yes no   **Name:** yes no   **Work:** yes no

I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.



I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_



# Home Language Survey

Surname/Family Name of Student: \_\_\_\_\_

First Given Name of Student: \_\_\_\_\_

Second Given Name of Student: \_\_\_\_\_

Age of Student: \_\_\_\_\_ Grade Level of Student: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

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## Directions to Parents and Guardians:

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language did your child learn when they first began to talk? \_\_\_\_\_

2. Which language does your child most frequently speak at home? \_\_\_\_\_

3. Which language do you (the parents and guardians most frequently use when speaking with your child? \_\_\_\_\_

4. Which language is most often spoken by adults in the home?  
(parents, guardians, grandparents, or any other adults) \_\_\_\_\_

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_