

Ball-Chatham Community Unit School District #5
HOME LANGUAGE SURVEY

Please complete and return this survey with the registration materials.

Student's Name: _____
 (Last Name) (First Name) (MI)

Today's Date: _____ School: _____

Grade: _____ Birthdate: _____

Gender: _____ Male _____ Female Phone: _____

Place of Birth (City, State, Country): _____

The Illinois School Code and the Emergency Immigration Act, Title VI of the Education Amendments of 1984 (p.L., 98-511), states that each school district shall administer a home language survey to each and every student entering the district's schools for the first time. Your help is needed to meet this information requirement.

1. Is a language other than English spoken in your home? _____ Yes _____ No

If yes, please identify what language is spoken. _____

2. Does your child speak a language other than English? _____ Yes _____ No

If yes, please identify what language is spoken by the child. _____

Please share any information about your customs, country, etc., that will help us to educate your child:
