



# Marysville Joint Unified School District

## Home Language Survey

ONE TIME ONLY: Home Language Survey to be completed by parent on date of initial enrollment only. DO NOT have parent fill this form out annually. Original HLS to remain in student's cumulative folder. If in doubt of location of original HLS, parent(s) may complete a new one. HOWEVER, original HLS should be acted upon once received.

NAME OF STUDENT \_\_\_\_\_ ID Number \_\_\_\_\_  
Last First Middle

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

DATE OF ENROLLMENT \_\_\_\_\_ SCHOOL \_\_\_\_\_

TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_

U.S. School Entry Date: \_\_\_\_\_ Previous Grade Attended: \_\_\_\_\_ Dates: \_\_\_\_\_  
mm / dd / yyyy

CA School Entry Date: \_\_\_\_\_ Previous School Attended: \_\_\_\_\_  
mm / dd / yyyy

City: \_\_\_\_\_ State: \_\_\_\_\_

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and return this form to the school secretary, administrator, EL coordinator, or other school personnel trained in the implementation of this form. Thank you for your help.

1. Which language did your child learn when he or 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 most often spoken by the adults at home? \_\_\_\_\_

State of California  
Department of Education

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