Sidney Community School District
Home Language Survey

Student Name__________________________________Birth Date_____________________

Grade____________________ Male____ Female____

Parent/Guardian Name________________________________________________________________

Address____________________________________________________________________________

Home Telephone_________________________

Work Telephone________________________

1. Was your child born in the United States?

2. What is the primary language used in the home, regardless of the language spoken by the student?

3. What is the language most often spoken by the student?

4. What is the language that the student first acquired?

______________________________
Parent or Guardian’s Signature

________________________
Date

Office Use Only

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<tr>
<th>Student ID#</th>
<th>Date Distributed</th>
<th>Date Received</th>
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