

GLEN RIDGE PUBLIC SCHOOLS

Department of Student Services
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LANGUAGE SURVEY NEW ENTRANT REGISTRATION INFORMATION

Student's Name: _____ Date: _____

Address: _____

Place of Birth: _____ Phone: _____

Language First Spoken by Child: _____

Family Information:

	NAME	BIRTH PLACE	LANGUAGE SPOKEN
<u>Parent</u>			
<u>Parent</u>			
<u>Guardian</u>			

Entry Date into United States: _____

Did child attend daycare/school in U.S.: YES _____ NO _____

Transferring From: _____
School Address

Last Grade Completed: _____ Grades Repeated: _____

Please ***write in or circle*** the correct answer to the following questions. This information is needed in order to provide the most appropriate instructional program for your child.

1. What language did your child first learn to speak? _____ English
2. What language do you use most often when speaking to your child at home? _____ English
3. What language does your child use most often when speaking to you, his parents, at home? _____ English
4. What language does your child use most often when speaking to brothers and sisters? _____ English
5. What language does your child use most often when speaking to other relatives? _____ English
6. What language does your child use most often when speaking to friends? _____ English
7. What language does your child use most often in public places (at the store, park, playground, etc.?) _____ English