EL DORADO UNION HIGH SCHOOL DISTRICT
Home Language Survey

School: ____________________________ Date: ____________________________

California Education Code requires that schools determine the language(s) spoken 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 by answering the following.

<table>
<thead>
<tr>
<th>STUDENT’S LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>GRADE</th>
<th>AGE</th>
</tr>
</thead>
</table>

1. What language did your son/daughter learn when he/she first began to talk? ____________________________________________

2. What language does your son/daughter most frequently use at home? ____________________________________________

3. What language do you (parent/guardian) use most frequently to speak to your son/daughter? ____________________________

4. Name the language most often spoken by the adults at home? ____________________________________________

When the student’s primary language is not English, the student will be required to take the California English Language Development Test within 30 days of his/her enrollment.

**ADDITIONAL INFORMATION FOR STATE-MANDATED TESTING AND REPORTING PURPOSES:**

Was your son/daughter born in the United States? _____ NO _____ YES

If no, list date of entry into the United States: ____________________________ (mm / dd / yyyy)

If no, list country of origin: ____________________________________________

If no, list the date your son/daughter first attended a United States school: ____________________________ (mm / dd / yyyy)

If no, list the date your son/daughter first attended a California school: ____________________________ (mm / dd / yyyy)

X_______________________________________________________

Signature of Parent or Guardian