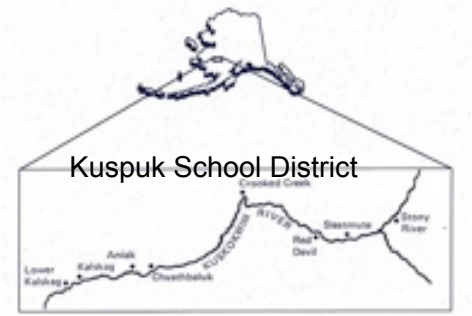


Parent Language Questionnaire

Home Language

2012 / 2013 School Year



Parents / Students Please fill this form completely. This information is required by Federal and Alaska State Law. **PLEASE PRINT!!!!**

Student Full Name: _____

Grade: _____ Date of Birth ____ / ____ / ____

Student Gender (Check one) M F

Place of Birth (City & State): _____ Social Security Number: _____

School (Check one) George Morgan Sr. High Zackar Levi Elementary Joseph & Olinga Gregory Elementary
 Aniak Jr. Sr. High Auntie Mary Nicoli Elementary Crow Village Sam. Johnnie John Sr.
 Jack Egnaty Sr. Gusty Michael

Part I -- Student Language Background

- 1) What is the first language used by the student? English Other _____
Specify
- 2) What language does the student currently use at home? English Other _____
Specify
- 3) Is the student participating in an exchange program? Yes No
- 4) How long has the student attended school in the US? 3 or more school years Less than 3 school years

Part II -- Family Language Background

	Mother / Guardian	Father / Guardian	Significant Adult Relationship _____
Home Community and State			
First Language Learned			
Language Spoken to the Student			
Language Spoken in the adults home			

Part III-- Parent Verification of Language Use (please check the appropriate box)

	Only the Other Language (No English)	Mostly the Other Language (Some English)	The Other Language and English Equally	Mostly English (Some of the other language)	English Only (No other language)
When the student speaks with the family, he/she speaks					
When the student speaks with friends, he/she speaks					

Parent/Legal Guardian (Please Print): _____

Work Phone: _____ Home Phone: _____

Parent/Legal Guardian (Signature): _____

Date: _____