

SCHOOLS MUST COMPLETE THIS SECTION

Detroit Public Schools
Office of Bilingual Education and Related Programs
STATE BOARD OF EDUCATION APPROVED
HOME LANGUAGE SURVEY *

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SCHOOL CODE	LAST NAME, FIRST NAME	ID# IF NO ID# IS AVAILABLE GIVE BIRTH DATE																																												

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Va multumim pentru cooperare.

Numele elevului: _____ Clasa: _____ Varsta: _____

Copilul dvs. a fost nascut in Statele Unite ale Americii (SUA)? Da Nu
Daca nu, indicati data intrarii in SUA: _____

Scoala

1. Este limba vorbita de catre copilul dvs. alta decat limba engleza?

Da Nu Care este aceasta limba? _____

2. Se vorbeste in casa copilului dvs. o alta limba decat engleza?

Da Nu Care este aceasta limba? _____

Semnatura parintelui sau a tutorelui

Adresa

Data

¹“Prima limba” inseamna limba folosita de o persoana pentru comunicare.

* Traducerea acestui formular in spaniola, araba, franceza, italiana si ojibwa este disponibila la Office of Field Services la: 517-373-6066.