

LANGUAGE SURVEY FORM

(Please Print)

(RETURN)

Student's Name _____ Grade _____

The following information is required by the Pennsylvania State Department of Education to be kept as part of each student's permanent record.

Please complete and return to Central High School.

1. What language does the student speak best? _____

2. Does the student speak a language other than English?

____ Yes ____ No

If yes, specific language _____

3. What language(s) is/are spoken at home? Specify language(s)

4. In what language does the family want documents sent home? Specify

Signature of Parent or Guardian _____ Date _____