



Our Lady of the Angels School
404 Cherry Street, Columbia, PA 17512
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www.ourladyoftheangels.org

HOME LANGUAGE SURVEY

PLEASE RETURN TO SCHOOL WITH YOUR REGISTRATION

Date: _____

Student's Name: _____ Grade: _____

1. What is/was the student's first language? _____
2. Does the student speak a language(s) other than English? ___ Yes ___ No
(Do not include languages learned in school.)
If yes, specify the language(s): _____
3. What language(s) is/are spoken in your home? _____
4. Has the student attended any United States schools including Puerto Rico in any 3 years during his/her lifetime? ___ Yes ___ No
If yes, complete the following:

Name of School	State	Dates Attended

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____ Date _____

**The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.*