



Jersey Shore Area School District

175 A&P Drive, Jersey Shore, PA 17740

Form

3

Home Language Survey

Date _____

Student's Name: _____ Grade: _____

What was the student's first language? English Other _____

Does the student speak a language other than English? Yes No
(Do not include languages learned in school.)

What language(s) is/are spoken in your home? _____

Has the student attended any United States school 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 _____

*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.