

**BOX ELDER SCHOOL DISTRICT**  
**Home Language Survey**  
**(HLS)**

Student's Name: \_\_\_\_\_  
(Surname/family name)      (First)      (Second given name)

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Year Entered the United States: \_\_\_\_\_ Current School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of years child has attended school: \_\_\_\_\_

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. This information is necessary for schools to provide appropriate instruction.

**Thank you for providing this important information.**

1. What language or languages did your child use when he/she first began to talk?
  
2. What language or languages does your **child speak with you** at home?
  
3. What language or languages do **you** (parents or guardians) **use when you speak to your child?**
  
4. Do the **adults in your home** (parents, guardians, grandparents or any other adults) **speak to each other in a language OTHER THAN ENGLISH daily?**

NO \_\_\_\_\_

YES \_\_\_\_\_

If yes, what language? \_\_\_\_\_

In what language do you prefer to receive school correspondence?

\_\_\_\_\_ English

\_\_\_\_\_ Other, please specify \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_