Radford City Public Schools

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Home Language Registration Form

The information on this form must be collected on all students who register Radford City Public Schools. All information must be collected from parents and guardians in their native language if they are unable to read or speak in English. This form meets requirements of the Equal Educational Opportunity Act 20 USC 1703 for identification of national origin minority children.

STUDENT:				
Last First Middle				
1. Where was the student born?				4 77
□ United States (Go to #2) □ Oth	□ Other country:(Answer A-E)			
	A. Last grade completed in native country			
	B. Date student entered U.S. schools			
C. Ci	C. Circle all grades completed in U.S. schools:			
	None Pre-K K 1 2 3 4 5 6 7 8 9 10 11			
D. Date student entered VA schools				
2. Has the student ever received ESL or ESOL services? □ Yes □ No □ Not sure				
If yes: (Dates School I	District/State)
· · · · · · · · · · · · · · · · · · ·	-			
	English	Specify	Specify	Specify
3. What was the first language the student				
learned to speak?				
4. What language(s) does the student speak at				
home?				
5. What language is most often spoken to the				
student at home?				
6. What language(s) do adults speak at home?				
The law requires that all language minority childs				
proficiency for academic success in school. Screen	ing takes app	roximately o	ne hour and y	you will be
notified of the results.				
7. Do you give permission for your child to be screen	eened to deter	mine English	language pro	oficiency?
□ Yes □ No				•
Signature of Parent/Guardian/ Date				
orginature of rational Guardian. Date				
Printed Name of Parent/Guardian Telephone Num	her			
OFFICIAL USE ONLY: TO BE COMPLET		OOL OFFI	CF STAFF /	Plansa Print
School: Grade:		OOL OFFI	CE SIAIT (i ieuse i rini)
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