Infinity Charter School



Home Language Survey 2018-2019

Student's Name:	
Current Age:	Current Grade:
Birth Date:	Country of Origin:
Month Day Year	
Parent/Guardian Name:	
Street Address:	
City and Zip:	
Phone: Home:	Work:
Other Countries of Residence (please list):	
Is a language other than English used in the home?	YesNo
If yes, which language (s):	
Does the student frequently speak a language other t	han English at home? Yes N o
Does the student frequently speak a language other t	han English with friends?
	Yes N o
Has the student received English Language Learning (ELL) in the past?	
	Yes No
What language did the student learn when s/he first l	earned to talk?
How long has the student lived in the United States?	
Does your child speak another language other than h	is/her native language?
	Yes N o
If yes, which language (s):	
Ci con observe	Data

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For information regarding civil rights or grievance procedures and services, activities, and facilities that are accessible to and usable by handicapped persons, **contact Suzanne Gausman**, **5405 Locust Lane**, **Harrisburg**, **PA 17109**, *ph*. **717. 238.1880**.