



Little Falls Township Public Schools

Tracey Marinelli
Superintendent of Schools
973-256-1034
tmarinelli@lfschools.org

Language Survey

New Entrant Enrollment

Student's Name: _____ DOB: _____ Grade: _____

Birth Country: _____ Date of School Entrance: _____

Entry Date into U.S. School System: _____ Immigrant or Temporary Resident? _____

Parent/Guardian Name: _____ Phone: _____

Please write the appropriate response for each of the following questions regarding your child.

What language did the child learn when he/she first began to talk? _____

What language does the family speak at home most of the time? _____

What language does the parent/guardian speak to the child most of the time? _____

What language does the child speak to his/her parent/guardian most of the time? _____

What language does the child speak to his/her brothers/sisters most of the time? _____

What language does the child speak to his/her friends most of the time? _____

Parent/Guardian Signature

Date

For Office Use Only - Referred to Supervisor of Special Services/ESL: _____