

Student Name _____ Date of Birth _____

Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions.

A. PLEASE ANSWER THE QUESTIONS BELOW.

I. What are the primary languages used in the home regardless of the language spoken by the student? (Select up to three)

- | | | | |
|------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Russian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Cabo Verdean | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Toishanese | <input type="checkbox"/> H'Mong |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Greek | <input type="checkbox"/> Burmese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> French | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other _____
(please specify) |

II. What is the language most often spoken by the student? (Select only one)

- | | | | |
|------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Russian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Cabo Verdean | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Toishanese | <input type="checkbox"/> H'Mong |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Greek | <input type="checkbox"/> Burmese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> French | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other _____
(please specify) |

III. What is the language that the student first acquired? (Select only one)

- | | | | |
|------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Russian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Cabo Verdean | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Toishanese | <input type="checkbox"/> H'Mong |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Greek | <input type="checkbox"/> Burmese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> French | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other _____
(please specify) |

B. CHECK THE LANGUAGE YOU UNDERSTAND BEST AND IN WHICH YOU PREFER TO RECEIVE SCHOOL COMMUNICATIONS (Select only one)

- | | | | |
|------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Russian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Cabo Verdean | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Toishanese | <input type="checkbox"/> H'Mong |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Greek | <input type="checkbox"/> Burmese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> French | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Arabic | <input type="checkbox"/> Other _____
(please specify) |

Boston Public Schools (BPS) residency policy requires that a student must reside in the City of Boston in order to attend the Boston Public Schools.

I, the parent or legal guardian of this student, declare that the student is a legal resident of the City of Boston. I agree to notify the Boston Public Schools of any change in residence during the school year. I understand that students found to be in violation of the Residency Policy will be dismissed immediately from the Boston Public Schools and may be subject the penalties such as legal action, a fine based on the cost of educational services received, and the withholding of certain scholarships and prizes.

By signing your name below, you also certify that the residency information for your child that you have or will submit to the Boston Public Schools is complete and correct. The submission of false information is grounds for the rejection of your child's application and withdrawal of any assignment.

Parent/Guardian Signature: _____

Date: _____