



SUMTER COUNTY PRIMARY SCHOOL

Dr. Renee Mays, Principal
Mr. Jeffery Boges, Assistant Principal
Mrs. Brandi Roland, Counselor
Mrs. Felisa Parrott, Counselor

Home of the Panther C.U.B.S.

25-26 Pre-K Registration

- ★ You may pick up registration packets and drop off documents Monday-Thursday at the Primary School's bus ramp from **8:30am-1:00pm**.
- ★ If you have any questions please feel free to contact Ms. Jaela Clemons at 229-931-8884 or by email at jclemons@sumterschools.org

Documents required to register for Pre-K:

- ☐ Completed Pre-K Registration Packet
- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Certificate of Immunization (Form 3231)
- ☐ Current Certificate of Vision, Hearing, Dental, and Nutrition Screening (Form 3300)
- ☐ Proof of Residency: (This document must have one of the parent's names from the birth certificate or guardianship papers, if applicable.)
 - ☐ Current lease
 - ☐ Property tax notice
 - ☐ Homeowner insurance bill
 - ☐ Mortgage statement
 - ☐ Current vehicle registration form
 - ☐ Utility bill- **Light Bill or Water Bill only.**
- ☐ If you reside with someone else and do not have one of the documents above in your name, please ask for a Residency Affidavit form.
- ☐ **Category One Documentation:** Supplemental Nutrition Assistance Program (SNAP), SSI (Supplemental Security Income), Medicaid, Temporary Assistance to Needy Families (TANF), or Child and Parent Services (CAPS) program.

***** All five documents along with the completed registration packet must be turned in. We will not hold spots for incomplete applications.**

You Can ENROLL in school!

Even if you have:

- Uncertain housing
- A temporary address
- No permanent physical address



You are guaranteed enrollment in school by the federal McKinney-Vento Act and Georgia state law if you live:

- In a shelter (family, domestic violence, or youth shelter or transitional living program)
- In a motel, hotel, or weekly rate housing
- In a house or apartment with more than one family because of economic hardship or loss
- In an abandoned building, in a car, at a campground, or on the street
- In temporary foster care or with an adult who is not your parent or guardian
- In substandard housing (without electricity, water, or heat)
- With friends or family because you are a runaway or an unaccompanied youth



To enroll in or attend school if you live under any of these conditions, you do NOT need to provide:

- Proof of residency
- Immunization records or tuberculosis skin-test results
- School records
- Legal guardianship papers



You may:

- Participate fully in all school activities and programs for which you are eligible.
- Continue to attend the school in which you were last enrolled even if you have moved away from that school's attendance zone or district.
- Receive transportation from your current residence back to your school of origin.
- Qualify automatically for child nutrition programs (free and reduced-price lunches and other district food programs)

Contact the district liaison to resolve any disputes that arise during the enrollment process.



Parents' responsibilities are to:

- Make sure your child attends school regularly and completes homework and projects on time.
- Attend parent/teacher conferences, Back-to-School Nights, and other school-related activities.
- Stay informed of school rules, regulations, and activities.
- Participate in school advisory decision-making activities.



For questions about enrolling in school or for assistance with school enrollment, contact:

Your county liaison for the homeless:

**Dr. Adrienne Davis
Homeless Education
615-669-9375
adavis@sumterschools.org**



Sumter County Schools

Homeless Questionnaire

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions below will assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

WHERE DOES THE STUDENT STAY AT NIGHT? (CHECK ONE BOX)

- ☐ In a shelter ☐ In a hotel / motel ☐ In a car ☐ At a campsite
☐ In another location that is not appropriate for people (e.g., an abandoned building)
☐ Temporarily with more than one family in a house, mobile home, or apartment
(Doubled-up, but not by choice. Would not have a place to stay if not doubled-up.)
☐ Alone
☐ Other (in an arrangement that is not fixed, regular, and adequate and is not described by the other choices)

Please describe:

☐ **Choices above do not apply.**

If you checked this box, you do **not** need to complete the remainder of this form. Submit to school personnel.

STUDENT INFORMATION

Name: _____ Gender: ☐ Female ☐ Male

School Attending: _____ Date of Birth: _____

PARENT / GUARDIAN INFORMATION

Parent / Guardian Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone (or the number of a contact person that can reach you): _____

PLEASE SIGN BELOW

I am verifying that the above student(s) listed have not had a fixed, regular, or adequate nighttime residence.

Parent/Guardian Signature

Date

SCHOOL USE ONLY / BUILDING COPY

Date Received: _____ ☐ Homeless ☐ NOT Homeless

Reporting School: _____

Homeless liaison Signature

Sumter County Schools

Cuestionario

Este formulario intenta abordar los requisitos de la Ley McKinney-Vento (Título IX, Parte A de "Every Student Succeeds Act"). Las preguntas a continuación le ayudarán a determinar si el estudiante cumple con los criterios de elegibilidad para los servicios previstos en la Ley McKinney-Vento.

¿En dónde se queda el niño durante la noche? (marque un cuadro)

- ☐ En un albergue ☐ En un hotel / motel ☐ En un carro ☐ En un campamento
☐ En otro lugar que no es adecuado para personas (e.j. una construcción abandonada)
☐ Temporalmente con más de una familia en una casa, casa móvil o departamento.
(Compartiendo la misma habitación, pero no por elección. No tendría otro lugar si no compartiese)
☐ Solo
☐ Otro (en algún lugar que no está arreglado, listo, y que no está descrito en las demás opciones)

Por favor describa:

☐ Las opciones antes mencionadas no aplican.

Si marcó este cuadro, **no necesita** completar el resto de esta forma. Entregue al personal de la escuela.

Información del Estudiante

Nombre: _____ Género: ☐ Femenino ☐ Masculino

Escuela a la que asisten: _____ Fecha de nacimiento: _____

Información del Padre/Tutor

Nombre(s): _____

Dirección: _____ Ciudad: _____ C.P.: _____

Teléfono (Personal o de alguien con quien se pueda contactar): _____

POR FAVOR FIRME A CONTINUACION

Hago constatar que el estudiante antes mencionado no tiene un lugar listo, adecuado o útil para pasar las noches.

Firma del Padre/Tutor

Fecha

SCHOOL USE ONLY / BUILDING COPY/ PARA USO ESCOLAR UNICAMENTE

Date Received: _____ ☐ Homeless ☐ NOT Homeless

Reporting School: _____

Homeless liaison Signature: _____



Georgia's Pre-K Program Student Social Security Number Information Form

Today's Date: _____

The Georgia Department of Early Care and Learning (DECAL) requests families provide Social Security Numbers for children attending Pre-K. DECAL uses Social Security Numbers to insure accurate enrollment information, to help prevent fraudulent student attendance reporting, and to obtain a unique 10-digit identifier (GTID) for your child from the Georgia Department of Education. This GTID number will be associated with your child for the remainder of their schooling years instead of their Social Security Number. Social Security Numbers are not used by DECAL for any other purpose. The Social Security Numbers are not shared with any other vendors or third parties and, for security reasons, they are encrypted in our database.

While a Social Security Number is not required to attend Georgia's Pre-K Program, it is beneficial to both you and your child to provide this information. If a Social Security Number is not given for a child, DECAL requires that you specify a reason below to explain why the information is not being provided.

I, _____, as parent/legal guardian of _____,
am not able/willing at this time to provide DECAL with a Social Security Number because:

☐ I need help obtaining an SSN.

☐ I need help replacing a lost SSN.

☐ I am awaiting a replacement SSN and will provide it when it arrives.

☐ I forgot to bring the SSN and will provide within 30 days.

☐ I choose not to provide the SSN because _____

Parent/Guardian Signature

Pre-K Programs: Please keep this form in student file in lieu of SS Card Copy.



This form is to be completed after school starts, not at the time of registration. **Please clearly print** the name as it appears on the birth certificate.

TODAY'S DATE (M/D/Y): ____/____/____		
CHILD INFORMATION:		
Legal First Name:	Name Suffix (Jr, II, III):	
Legal Middle Name:	Name Child is Called:	
Legal Last Name:		
Child's Social Security #	DOB (M/D/Y):	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Choose Not to Provide SSN <input type="checkbox"/>	Date enrolled in Pre-K (M/D/Y):	
PARENT/GUARDIAN INFORMATION:		
Last Name:	First Name:	
Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>		
Email Address:	Zip Code:	

1. Identify your child's ethnicity, regardless of race, by selecting one of the below options.

- ☐ Hispanic/Latino ☐ Not Hispanic/Latino
- ☐ Decline to Answer

Select **ONE OR MORE** of the following races regardless of how you answered question one.

2. Is your child:

- ☐ a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ d. **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- ☐ e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment.
- ☐ f. **Decline to Answer**

3. What is your child's primary language?

- ☐ English
- ☐ A language other than English

3.a. Which language is spoken in the child's home (other than English)? _____

4. Was your child born as a:

- ☐ Single Birth (1)
- ☐ Twin (2)
- ☐ Triplet (3)
- ☐ Quadruplet (4)
- ☐ Quintuplet (5)

5. Does your child receive Special Education Services?

- ☐ Yes ☐ No

5.a. If Yes, indicate which of the following Special Education Services your child receives.

- ☐ Individual Education Program (IEP) (Part B, Section 619, IDEA)
- ☐ 504 Plan/Individual Accommodation Plan (IAP) (Section 504 of the Rehabilitation Act of 1973)

6. Does your child receive any of the following services?

- ☐ Childcare and Parent Services (CAPS)
- ☐ Child and Adult Care Food Program (CACFP)
- ☐ Supplemental Security Income (SSI)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Medicaid
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Foster Care

7. Will the Pre-K center be providing transportation for your child?

- ☐ Yes ☐ No

Parent/Guardian Signature _____

Date _____

CHILD MAINTENANCECHILD'S LIVING ARRANGEMENTS: ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ OTHERCHILD'S LEGAL GUARDIAN: ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ OTHER**THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:**

NAME	ADDRESS	RELATIONSHIP	CELL PHONE
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1.

2.

3.

4.

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____

DATE OF LAST FULL HEALTH SCREENING: _____ PHONE: () _____

MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):**THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:****MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:**

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K

activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____

STUDENT REGISTRATION FORM

Sumter County Schools Americus, Georgia

This information you are about to provide is very important and must be as accurate as possible. If you do not understand any section of this form or are not sure what information should be entered, please ask a school official before moving to the next question.

Student Legal Last Name	Student Legal First Name	Student Legal Middle Name	Called Name-Nick Name
Student Date of Birth / /		Age	Student SSN - -
		Gender (Circle One) Male / Female	

Is Student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.) ____ NO, not Hispanic/Latino ____ YES, Hispanic/Latino
--

What is the student's race? (Check all that apply)

<input type="checkbox"/>	American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
<input type="checkbox"/>	Asian (A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
<input type="checkbox"/>	Black or African American (A person having origins in any of the black racial groups of Africa.)
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
<input type="checkbox"/>	White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Will this student ride a school bus? __Yes __No AM Bus # _____ PM Bus # _____

Car rider? __Yes __No Walker? __Yes __No

Primary Household Resident Information

House #	Street Name (include Ave, St, Rd, Cir, Dr, etc.)	Apartment # or Lot #	
City	State	Zip	Home Phone Number (with Area Code)

Mailing Address Information (If different than Resident Address)

House #	Street Name (include Ave, St, Rd, Cir, Dr, etc.)	Apartment # or Lot #	P.O. Box
City		State	Zip

Head of Household

(These Guardians are the ones with whom this student lives primarily)

Male Guardian Last Name	Male Guardian First Name	Middle Name	Relationship to Student
Home Phone (Include Area Code)		Cell Phone (Include Area Code)	Work Phone (Include Area Code)
Employer	Occupation	Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Should this Person Receive School Mailings, Emails and Phone Calls about this Student?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Should this Person have access to the Parent Portal for grades, attendance, etc. for this student?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address			
Home Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please indicate)			

Female Guardian Last Name	Female Guardian First Name	Middle Name	Relationship to Student
Home Phone (Include Area Code)		Cell Phone (Include Area Code)	Work Phone (Include Area Code)
Employer	Occupation	Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Should this Person Receive School Mailings, Emails and Phone Calls about this Student?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Should this Person have access to the Parent Portal for grades, attendance, etc. for this student?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address			
Home Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please indicate)			

Marital Status of Parent: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other (explain)
Legal Custody of Student: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Care <input type="checkbox"/> Other (explain)
Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Care <input type="checkbox"/> Other (explain)

Secondary Household

(Shared parenting Responsibility - Second Mailing Information and Other Guardian Information)

Male Guardian Last Name	Male Guardian First Name	Middle Name	Relationship to Student
Home Phone (Include Area Code)		Cell Phone (Include Area Code)	Work Phone (Include Area Code)
Employer	Occupation	Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Should this Person Receive School Mailings, Emails and Phone Calls about this Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Should this Person have access to the Parent Portal for grades, attendance, etc. for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address			
Home Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please indicate)			

Female Guardian Last Name	Female Guardian First Name	Middle Name	Relationship to Student
Home Phone (Include Area Code)		Cell Phone (Include Area Code)	Work Phone (Include Area Code)
Employer	Occupation	Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Should this Person Receive School Mailings, Emails and Phone Calls about this Student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Should this Person have access to the Parent Portal for grades, attendance, etc. for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address			
Home Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please indicate)			

**List all names that we should know about, that should have NO contact with this student?
Supporting Legal Documentation must be provided to the school.**

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Reason: _____

Other

Place of Birth Information:			
Country of Birth	City of Birth	State of Birth	County of Birth
Date First Entered USA School if not born in USA		Date Entered Ninth Grade First Time (High Schools Only)	
First Language Learned	Language Spoken Most Often	Language Spoken at Home	

Last School Attended:	In what state?	Year(s) attended:	Dates attended:
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Has student received 504 Accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> NO	If "yes", when?	If "yes", what area?
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Has student attended a Special Education program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", when?	If "yes", what area of Special Education?
Has student attended Limited English Proficiency Program? <input type="checkbox"/> Yes <input type="checkbox"/> NO	If "yes", when?	

Students who live in this household and attend Sumter County Schools:

Last Name	First Name	Birth Date	Gender	School	Relationship to Student
Last Name	First Name	Birth Date	Gender	School	Relationship to Student
Last Name	First Name	Birth Date	Gender	School	Relationship to Student
Last Name	First Name	Birth Date	Gender	School	Relationship to Student

Emergency Contact (other than Parent)	Emergency Contact Phone (include Area Code)	Relationship to Student

List below the person/persons you give permission to pick up this student from school in case a Parent/Guardian can't pick up this student.

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

School District: _____

Date: _____

Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? ☐ Yes ☐ No
- Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? ☐ Yes ☐ No

If you answer "yes", check all that applies:

- ☐ 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- ☐ 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- ☐ 3) Processing/Packing agricultural products
- ☐ 4) Dairy/Poultry/Livestock
- ☐ 5) Packing/Processing meats (beef, poultry, or seafood)
- ☐ 6) Commercial fishing or fish farms
- ☐ 7) Other (Please specify occupation): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You! Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should email, always through the DOE's Portal, occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, Rose McKeehan
Phone: 470-763-1137
rmcKeehan@doe.k12.ga.us

GaDOE Region 2 MEP, Pearl Barker
Phone: 470-763-1138
PBarker@doe.k12.ga.us

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1562 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



Georgia Home Language Survey

Required: January 2024 | Optional: January 2023 – December 2023

Notice to Parents and Guardians:

Georgia school systems are required¹ to collect your responses² to questions about your preferred language for school communication and your child's primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three *Home Language Survey* questions and the additional language information help us determine whether to screen your child's level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

Purpose of Questions	Questions & Parent/Guardians Responses
Communication Preferences This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them. This question is for informational purposes only. It is <u>not</u> used to identify your child for English language proficiency screening.	Parent Communication Language (Required) <ul style="list-style-type: none"> In which language would you prefer to receive school communication? _____
Identification of Potential English Learners These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program. When the response to any of these questions is a language other than English, schools may be required to screen your child's level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.	Home Language Survey (Required) <ol style="list-style-type: none"> Which language does your child <u>best</u> understand and speak? _____ Which language does your child <u>most</u> frequently speak at home? _____ Which language do adults in your home <u>most</u> frequently use when speaking with your child? _____
Additional Information from Multilingual Families If you indicated that your child and other adults in the home <u>understand and use English and another language</u> or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency. If you respond that your child understands and uses English more than the other home language or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.	Additional Information from Multilingual Families. Choose <u>only one sentence</u> that best describes your child's primary language. <input type="checkbox"/> My child understands and uses only the home language and <u>no English</u> . <input type="checkbox"/> My child understands and uses mostly the home language and a <u>little English</u> . <input type="checkbox"/> My child understands and uses the home language and English <u>equally</u> . <input type="checkbox"/> My child understands and uses <u>mostly English</u> and only a little of the home language. <input type="checkbox"/> My child understands and uses <u>only English</u> .

¹ U.S. Department of Justice, Civil Rights Division, and U.S. Department of Education, Office for Civil Rights, 7 January 2015 *Dear Colleague Letter: English Learner Students and Limited English Proficient Parents*, p. 10.

² The Home Language Survey should be given to first time enrollees to United States public schools.