

# 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?

United States (Go to #2)

Other country: \_\_\_\_\_ (Answer A-E)

A. Last grade completed in native country \_\_\_\_\_

B. Date student entered U.S. schools \_\_\_\_\_

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 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 children be screened to determine English language proficiency for academic success in school. Screening takes approximately one hour and you will be notified of the results.*

7. Do you give permission for your child to be screened to determine English language proficiency?

Yes  No

\_\_\_\_\_  
 Signature of Parent/Guardian/ Date

\_\_\_\_\_  
 Printed Name of Parent/Guardian Telephone Number

**OFFICIAL USE ONLY: TO BE COMPLETED BY SCHOOL OFFICE STAFF (Please Print)**

School: \_\_\_\_\_ Grade: \_\_\_\_\_