

SOUTHERN YORK COUNTY SCHOOL DISTRICT  
District Administration Office  
Glen Rock, PA

---

Dear Parent/Guardian:

*The Civil Rights Law of 1964, Title VI requires that school districts/charter schools identify limited English proficient (LIEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification. All students enrolled in our District are required by the Pennsylvania Department of Education to complete the following survey. On behalf of your child, please complete and return as soon as possible to the school that your child is enrolled. Thank you for your assistance.*

*Home Language Survey*

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(First) (Middle) (Last)

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Person completing this form (if other than parent/guardian) \_\_\_\_\_

**1. What is the first language your child learned to speak?** \_\_\_\_\_

**2. Does your child read, write, or understand but not speak a language other than English? (Do not include languages learned in school.)**

Yes  No

If yes, specify the language(s). \_\_\_\_\_

**3. What language(s) is/are spoken in your home?** \_\_\_\_\_

**4. Has your child attended any United States school in any 3 years during his/her lifetime?**

Yes  No

If yes, complete the following:

Name of School	State	Dates Attended

**5. Please indicate the number of years that your child has attended U.S. schools.** \_\_\_\_\_

**6. If applicable, please enter the date that your child entered the U.S.** \_\_\_\_\_