

Hazelwood School District Language and Migrant Parent Survey Form

Student's Name: _____ Birth Date: _____ Enrolling School: _____
Address: _____ Zip: _____ Male: _____ Female: _____

School(s) Last Attended (Including Pre-School): _____	Grade: _____
_____	Grade: _____
_____	Grade: _____

Check Yes or No

YES NO Has the student ever attended a Hazelwood school before?
If yes, Name of Hazelwood School _____

YES NO Is another language spoken in the home?
If yes, what language: _____

YES NO Does the student speak a language other than English as a form of communication?
If yes, what language: _____
What language does the student read? _____ English _____ Other _____
What language does the student write? _____ English _____ Other _____

YES NO Was the student born outside of the United States?
If yes, where was your child born? _____

YES NO Has the student attended **less than** three (3) full academic years in the United States?
If yes, what date did student enter the United States _____

YES NO Will you need an interpreter to speak with your child's teacher?
If yes, what language(s)? _____

FEDERAL MIGRATORY WORKER SURVEY

If you have a child aged 5 through 21 and you have moved from one school district to another school district within the past three years, your child may be eligible for a special program of supplemental services. Please answer the following question to help us determine if your child is eligible.

YES NO Has either parent or guardian or the student or student's spouse, been employed within the past three years (or are any of the person mentioned currently employed) in some form of temporary or seasonal agricultural or agricultural-related work such as planting or harvesting crops (vegetables, fruit, cotton, etc.); transporting farm products to market; feeding or processing poultry, beef, hogs, gathering eggs or working in hatcheries; working on a dairy farm or a catfish farm; cutting firewood or logs to sell; or landscaping?

Parent/Guardian's Signature Date

Parent/Guardian Name (Please Print) Parent/Guardian Phone (home) Parent/Guardian Phone (cell)

For ELL Office Use Only:			
Student's Current Grade Level _____	WAP-T Score _____	Date of Testing _____	LEVEL _____