Excellent Beginnings Early Childhood
Limited English Proficiency (LEP) Parent Form

Student Information:

Student Name: _____
Date of Birth: _____
Enrollment Date: _____
Class / Program Name: _____

Parent / Guardian Information:

Parent / Guardian Name: _____
Phone Number: _____
Email Address (optional): _____

Language Information:

1. What language does your child most often speak at home? _____

2. What language do adults most often speak to your child at home? _____

Certification:

I certify that the information provided on this form is accurate and complete to the best of my knowledge.

Parent / Guardian Signature: _____
Date: _____

Office Use Only

Limited English Proficiency Identified:
☐ Yes
☐ No

Staff Name: _____
Date Received: _____