



McMinn Central High School
Student Profile
PLEASE PRINT LEGIBLY

Year 2017-2018

Office Use Only: Homeroom _____ Locker # _____ Perm ID# _____

General Information

Student's Full Legal Name			Social Security #	Gender	Grade
Last	First	Middle		M F	
Birth Date ____/____/____	Birth Place Birth County _____ Birth State _____ Birth Country _____ Mother's Maiden Name _____		Enter Date ____/____/____ Date First Enrolled in U.S. School ____/____/____		

Home Phone _____ Is English your primary language? _____ Ethnicity (Select One)
Yes _____ No _____ If not please specify _____ ☐ Hispanic ☐ Non-Hispanic
Race: ☐ American Indian ☐ Asian ☐ Black/African American ☐ White ☐ Native American/Other Pacific Islander

Student's Home Address _____ Student's Mailing Address/ if P.O. Box _____
City _____ Zip Code _____ City _____ Zip Code _____
*Bus Routes: AM Bus # _____ Mileage to School _____ PM Bus # _____ Mileage from School _____
*If your child does not ride a bus, but could if needed to, please supply us with the bus # _____

Student's Cell Phone: _____

Custodial Information – If you are not the birth parent, we MUST have court documents stating you have legal guardianship.

Relationship	Parent/Guardian Name	<input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Has Custody
		<input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Ed. Rights
Mailing Address: _____		Employer: _____
City: _____	Zip Code: _____	Email: _____
Phone Type: _____	Phone: _____	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone
Relationship	Parent/Guardian Name	<input type="checkbox"/> Lives with <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Has Custody
		<input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Ed. Rights
Mailing Address: _____		Employer: _____
City: _____	Zip Code: _____	Email: _____
Phone Type: _____	Phone: _____	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone

EMERGENCY CONTACTS & PICK UP: With confirmed parent/guardian permission, the persons listed below may pick up the student. However, I am aware that a phone call by the legal guardian MUST be made to the school before the student will be released to anyone listed on the pick-up list, or someone that I approve otherwise. Also, when a note is sent with the student, a phone call must be made by the parent/guardian to verify each sign out request. A Parent Note is used for any early dismissal or late arrival during the day unless a doctor note is provided. **ONLY 5 PARENT NOTES PER YEAR (NOT PER SEMESTER).**

Name	Relationship	Home Phone	Work Phone	(Other) Cell Phone
Name	Relationship	Home Phone	Work Phone	(Other) Cell Phone
Name	Relationship	Home Phone	Work Phone	(Other) Cell Phone
Name	Relationship	Home Phone	Work Phone	(Other) Cell Phone



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- I, the undersigned parent/guardian, give my consent for the above named student be released to me or my spouse or to the emergency contact I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency.
- I, understand that McMinn County Schools does not provide accident medical/dental for students for injuries/illnesses occurring at school. I understand that I may voluntarily purchase a student accident insurance plan.
- I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.

*Parent/Guardian Signature

Date

SCHOOL HANDBOOK

_____ I have read the policies and the information contained in the school's handbook posted on McMinn Central's website at www.mcminncentralhigh.com and will support my child in adhering to these policies.
_____ I do not have access to the handbook. Please send a copy home with my child and I will support my child and I will support my child in adhering to these policies.

*Parent/Guardian Signature

Date

GENERAL MEDICAL RELEASE

We are not allowed to distribute any over the counter medications to students.

STUDENT RECORD RELEASE FOR MILITARY

Pursuant to "The No Child Left Behind Act" you as a parent or guardian have the right to refuse the release of directory information of your child to the military. Please check and sign one of the following:

- ☐ Yes, the military may have directory information concerning my child.
☐ No, the military may not have directory information concerning my child.

*Parent/Guardian Signature

Date

ACCESS TO STUDENT INFORMATION

I am aware the district may provide access to pictures in the school's annual yearbook, newspapers involving clubs and sports, military recruiters, colleges or universities of student's names, addresses and telephone listings, and external third parties. I am aware the district will or will not provide this information based on my decision below:

Please check yes or no on each item:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | School Supported annual yearbook, newspaper, sporting events, clubs, or bulletin boards, etc. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Military Recruiters |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Colleges, Universities, or Institutions of Higher Learning |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Scholarship information to external third parties |

*Parent/Guardian Signature

Date

***Please note that there are four (4) required Parent Signatures**

ANY CHANGES ON THIS FORM DURING THE SCHOOL YEAR MUST BE REPORTED TO THE FRONT OFFICE.

EMERGENCY INFORMATION

Name _____ DOB: _____ Grade _____ Teacher: _____

Address _____ City _____ Zip Code _____ ☐ Female ☐ Male Age: _____

Parent/RelationshipPhone#
Guardian Lives with _____ to child _____ Emergency # _____
Employer: _____

In case of illness, emergency or accident and parent/guardian cannot be located the following adults are authorized to act on behalf of the parent/guardian. Please enter TWO names:

1.	Phone #	Relationship

2.	Phone #	Relationship

***CONDITIONS REQUIRING ADDITIONAL HEALTH CARE FORMS FILLED OUT BY YOUR CHILD'S HEALTH CARE PROVIDER**

CONDITION	Check here if no problem	PAST (Date)	CURRENT (Please be specific!)	TREATMENT/ MEDICATION/ COMMENTS
ADD/ADHD				
BEHAVIORAL OR EMOTIONAL CONCERNS				
*EPILEPSY or other Central Nervous System disturbances				
*CYSTIC FIBROSIS				
*DIABETES				
STOMACH/INTESTINAL PROBLEMS				
*HEART/CIRCULATORY PROBLEMS				
MUSCULAR/SKELETAL PROBLEMS				
BREATHING PROBLEMS *Asthma, for example)				
SURGICAL PROCEDURES				
OTHER				

ALLERGIES (please specify)

What **Medicines** are your child allergic to?

What **Insects** are your child allergic to?

Other:

*What **Foods**** are your child allergic to?

****Is this allergy LIFE-THREATENING? NO YES (Circle one) Please know that a note is required from your child's health care provider regarding food allergy and substitutions for the offending food(s)**(TCA 49-5-415(f))**

IS EPI-PEN PRESCRIBED FOR ANY ALLERGIES? NO YES (Circle one) (If yes, PARENT MUST PROVIDE)

***THESE CONDITIONS REQUIRE ADDITIONAL FORMS FILLED OUT BY YOUR CHILD'S HEALTH CARE PROVIDER
(Please complete both sides of form)**

The following conditions (or any other condition requiring special care at school) will require additional health care forms filled out by your child's **HEALTH CARE PROVIDER**:

Epilepsy/Seizures
Food Allergies

Diabetes
Sickle Cell Anemia

Cardiac (Heart) Concerns
Cystic Fibrosis

Asthma

The nurse will send forms home with your child. In order to provide the safest environment possible for your child, please have YOUR CHILD'S HEALTH CARE PROVIDER fill out the forms and return promptly.

Please list any medicines or drugs the student uses regularly and why:

If your child requires medication given **during school hours**, have you filled out and turned in a written "Permission For Medication" form? YES NO (Circle one) *IF NOT, PLEASE SEE YOUR CHILD'S TEACHER FOR THIS FORM IMMEDIATELY. YOUR CHILD CANNOT RECEIVE MEDICATION AT SCHOOL WITHOUT IT. **If your child can take medication before or after school do not send medication.***

Does the student have a handicap, current treatment or any other condition which produces special needs or has specific restrictions for class, especially physical education? YES NO (Circle one)
Explain:

Does the student have any special circumstances necessitating his/her frequent absence from school? YES NO (Circle one)
Explain:

Student's Doctor: _____ Phone # _____

HEALTH HISTORY INFORMED CONSENT

Your signature gives permission for school staff to take precautions and procedures to protect your child in the classroom and to foster academic success. Your signature is an informed consent to share this health history information with school staff on a need-to-know basis for daily care and emergency plans.

Date _____ Signature _____
Parent or Guardian

Phone Number(s) _____

Student Name _____

(Please complete both sides of form)

SCHOOL BUS RULES & REGULATION

1. Be at stop 5 Minutes before pickup time.
2. **Stay in seat no walking while bus is moving.**
3. No loud talking or laughter. Unnecessary confusion diverts the driver's Attention and may result in an accident.
4. **NO PROFANITY.**
5. **KEEP LEGS, FEET ARMS, HANDS BODY AND BAGGAGE OUT OF THE AISLE.**
6. **KEEP HANDS, HEAD AND HAIR INSIDE BUS AT ALL TIMES.**
7. Do not throw ANYTHING out bus windows. **IT IS A \$ 500.00 FINE.**
8. Assist in keeping bus safe and **CLEAN** at all times.
9. Treat bus equipment as you would furniture in your home. (Damage to seats, Etc. Must be paid for by the offender)
10. Personal articles should not be left on the bus.
11. **NO EATING, DRINKING OR CHEWING GUM ON THE BUS.**
12. Cross the road, when getting on or off the bus, at least ten feet (10'), only After looking in both directions.
13. Driver may assign students to particular seats.

NOTE: Each school bus driver shall report any misconduct of pupils to the Principal of the school which the pupil attends.

.....
Tear on dotted line: Keep top portion & return bottom to bus driver

I HAVE READ AND THOROUGHLY UNDERSTAND THESE RULES AS ADOPTED BY
McMINN COUNTY BOARD OF EDUCATION

Pupil Signature

Parent or Guardian Signature

Seat Number

Address

Phone Number

STUDENT BUS INFORMATION SHEET

Please Print All Information

Bus # _____

If different Bus # A.M. _____ Bus # P.M. _____

Bus Driver Name _____

Student Name _____

Student Birthday _____

Physical Address _____

School _____ Grade _____

Parent or Guardian Name _____

Cell Phone # _____

Emergency Phone # _____

Second Emergency # _____

PLEASE RETURN TO BUS DRIVER A.S.A.P.

**RUSS BARNETT
TRANSPORTATION SUPERVISOR**

(423) 745 - 1252

Central High School of McMinn County

Attendance Policy

Regular attendance at school is important for your child's success in learning and making progress toward graduation. Attendance at school is not only important; it is also a state law. Tennessee State Law requires that students enrolled in public school from age 5 to 18 shall regularly attend school for 180 days per year. A student's absence from school is either excused or unexcused, depending upon the information you provide.

PLEASE NOTE: ANY PARTIAL DAY OR COMPLETE DAY COUNTS AS ONE PARENT NOTE.

EXCUSED: Students may receive an excused admit for being absent for the following reasons:

- Student personal illness. (A note from a doctor will be required after 5 parent notes per year.)
- Necessary appointments (doctor, dentist, etc.) that cannot be made outside the school day and can be verified.
- Illness or Death in family (Family is identified as parents, legal guardian, siblings, grandparents, child).
- Special and recognized religious holidays regularly attended by a particular faith.
- Severe weather as determined by the county office.
- Court appearances will only be excused with documentation from the court.
- Advanced parental request: must be approved at least three days in advance. Each case will be considered on its own merit. (Vacations need to be scheduled during the months when school is not in session and no request will be approved during the last two weeks of a semester.)

The excused absences enumerated above will grant the student permission to make up all work missed without penalty. However, it is the responsibility of the student to request such work and to get it in within a reasonable length of time as prescribed by the teacher, otherwise the student will receive zeros for all days missed.

"IT SHOULD BE NOTED THAT "PARENTAL PERMISSION" IS NOT SUFFICIENT REASON FOR AN ABSENCE TO BE EXCUSED.

UNEXCUSED: If a student's absence does not meet the criteria for an excused absence, he/she will be given an unexcused absence and will not be allowed to make up work missed. Out of school suspensions will result in unexcused absences.

LATE ARRIVALS: Students who arrive late to school must report to the school office for an admit. Three unexcused tardies in a class period will constitute one day or unexcused absence.

EARLY DISMISSAL: Early dismissal requested by parents must be verified by a phone call to the school office. The school will grant the request only from the parents unless we have been told to accept a call from another family member. An early dismissal does not necessarily mean the absence will be excused. Early dismissals will be excused on the same basis as is explained in the categories listed above.

STUDENTS SHOULD UNDERSTAND THAT THEY MAY NOT LEAVE THE SCHOOL CAMPUS UNDER ANY CIRCUMSTANCES WITHOUT PERMISSION FROM AN ADULT MEMBER OF THE OFFICE STAFF, AND THEIR PARENT OR LEGAL GUARDIAN HAVING CALLED THE OFFICE. IT IS THE SOLE RESPONSIBILITY OF THE STUDENT TO MAKE SURE THEY HAVE PERMISSION BEFORE LEAVING. SIGNING OUT DOES NOT GRANT PERMISSION FOR LEAVING!!!!!! ANY STUDENT WHO LEAVES THE CAMPUS IN VIOLATION OF THESE POLICIES WILL BE SUBJECT TO SEVERE DISCIPLINARY ACTION...THREE DAYS IN-SCHOOL SUSPENSION FOR THE FIRST OFFENSE.

STUDENTS WHO ARE ABSENT FROM SCHOOL AND ARE ON ANOTHER MCMINN COUNTY SCHOOL CAMPUS WITHOUT OFFICIAL AND/OR PROPER BUSINESS WILL BE SUBJECT TO DISCIPLINARY ACTION INCLUDING SUSPENSION.

NOTE: Your signature on this form does not necessarily indicate agreement. It only indicates you have seen it and are aware the policies are in effect.

(Parent Signature)

(Date)

(Student Signature)

(Date)

McMinn County Schools Dress Code – Secondary Schools 2017-18

STUDENT DRESS CODE

The following Dress Code adopted by the McMinn County Board of Education is in effect at all county high schools and will be enforced upon a student entering the building until 3:15 during the regular school day.

Students shall dress and groom in a clean, neat and modest manner so as not to distract or interfere with the operation of school. Failure to comply with the dress code of the McMinn County School System will result in disciplinary consequences. We encourage parents to communicate with administration if there is a question about the appropriateness of any particular item of clothing. All apparel must be appropriately sized, with no holes, and free from rips, tears, cuts, or hems that are frayed. Clothing must not be see-through or revealing. Undergarments shall not be visible at any time.

SHIRTS: Shirts and blouses shall have sleeves and shirttails should be appropriate length. T-shirts must be a solid color unless they are school sanctioned. Collared shirts, blouses, coats, and hoodies may be patterned. Shirts, blouses, and outerwear should not expose the midriff or cleavage. Brand name logos must be no larger than a credit card.

PANTS: Pants must fit appropriately and be a solid color. Pants should not be sagging or baggy. Skirts and dresses must be to the crease of the knee with leggings only worn under skirts or dresses of appropriate length. Shorts/skorts, sweat pants, cargo pants, pajamas, spandex, overalls, warm up pants or capri pants are NOT allowed.

SCHOOL SANCTIONED: School sanctioned organization wear (spirit wear) may be worn at any time but must be approved by principal. No homemade/hand written spirit wear will be allowed.

COATS: Coats and hoodies must fit criteria of shirts, except larger logos are acceptable on outer wear. Drawings or other designs are inappropriate. Trench coats or long coats may NOT be worn in building during school hours.

SHOES: Shoes are to be worn at all times.

ACCESSORIES: Head coverings (hoods, hats, or sweatbands) and sunglasses are not to be worn in the school. No unnatural colored hair or visible body piercing with the exception of the ear will be allowed. Large chains, spiked jewelry, or other jewelry that may be dangerous is prohibited. No article of clothing, apparel, jewelry, or tattoos may be worn which implies or otherwise mentions alcohol, tobacco, drugs, sex, gangs, offensive languages, harming of others, hatred or racial prejudice will be permitted. The American flag may be worn in an appropriate manner.

ADMINISTRATIVE DECISIONS: The items specifically cited in this dress code should not be viewed as "all inclusive". The administration may make decisions about items that are disruptive to the educational process and deal with those items accordingly.

I have read and understand the McMinn County Dress Code Policy.

Parent Signature

Date

Student Signature

Date

Student Discrimination, Harassment, Bullying, Cyber-bullying and Intimidation

McMinn County Board Policy 6.304

Revised 3/17/2016

The McMinn County Board of Education has determined that a safe, civil, and supportive environment in school is necessary for students to learn and achieve high academic standards. In order to maintain that environment, acts of bullying, cyber-bullying, discrimination, harassment, hazing or any other victimization of students, based on any actual or perceived traits or characteristics, are prohibited.

This policy shall be disseminated annually to all school staff, students, and parents. This policy shall cover employees, employees' behaviors, students and students' behaviors while on school property, at any school-sponsored activity, on school-provided equipment or transportation, or at any official school bus stop. If the act takes place off school property or outside of a school-sponsored activity, this policy is in effect if the conduct is directed specifically at a student or students and has the effect of creating a hostile educational environment or otherwise creating a substantial disruption to the education environment or learning process.

Building administrators are responsible for educating and training their respective staff and students as to the definition and recognition of discrimination/harassment.

DEFINITIONS

Bullying/Intimidation/Harassment - An act that substantially interferes with a student's educational benefits, opportunities, or performance, and the act has the effect of:

- Physically harming a student or damaging a student's property;
- Knowingly placing a student or students in reasonable fear of physical harm to the student or damage to the student's property;
- Causing emotional distress to a student or students; or
- Creating a hostile educational environment.

Bullying, intimidation, or harassment may also be unwelcome conduct based on a protected class (race, nationality, origin, color, gender, age, disability, religion) that is severe, pervasive, or persistent and creates a hostile environment.

Cyber-bullying - A form of bullying undertaken through the use of electronic devices. Electronic devices include, but are not limited to, telephones, cellular phones or other wireless telecommunication devices, text messaging, emails, social networking sites, instant messaging, videos, web sites or fake profiles.

Hazing - An intentional or reckless act by a student or group of students that is directed against any other student(s) that endangers the mental or physical health or safety of the student(s) or that induces

or coerces a student to endanger his/her mental or physical health or safety. Coaches and other employees of the school district shall not encourage, permit, condone or tolerate hazing activities.

"Hazing" does not include customary athletic events or similar contest or competitions and is limited to those actions taken and situations created in connection with initiation into or affiliation with any organization.

COMPLAINTS AND INVESTIGATIONS

Alleged victims of the above-referenced offenses shall report these incidents immediately to a teacher, counselor or building administrator. All school employees are required to report alleged violations of this policy to the principal/designee. All other members of the school community, including students, parents, volunteers, and visitors, are encouraged to report any act that may be a violation of this policy.

While reports may be made anonymously, an individual's need for confidentiality must be balanced with obligations to cooperate with police investigations or legal proceedings, to provide due process to the accused, to conduct a thorough investigation or to take necessary actions to resolve a complaint, and the identity of parties and witnesses may be disclosed in appropriate circumstances to individuals with a need to know.

The principal/designee at each school shall be responsible for investigating and resolving complaints. The principal/designee is responsible for determining whether an alleged act constitutes a violation of this policy, and such act shall be held to violate this policy when it meets one of the following conditions:

It places the student in reasonable fear or harm for the student's person or property;

It has a substantially detrimental effect on the student's physical or mental health;

It has the effect of substantially interfering with the student's academic performance; or

It has the effect of substantially interfering with the student's ability to participate in or benefit from the services, activities, or privileges provided by a school.

Upon the determination of a violation, the principal/designee shall conduct a prompt, thorough, and complete investigation of each alleged incident. Within the parameters of the federal Family Educational Rights and Privacy Act (FERPA) at 20 U.S.C. § 1232g, a written report on the investigation will be delivered to the parents of the complainant, parents of the accused students and to the Director of Schools.

RESPONSE AND PREVENTION

School administrators shall consider the nature and circumstances of the incident, the age of the violator, the degree of harm, previous incidences or patterns of behavior, or any other factors, as appropriate to properly respond to each situation.

A substantiated charge against an employee shall result in disciplinary action up to and including termination. A substantiated charge against a student may result in corrective or disciplinary action up to and including suspension.

An employee disciplined for violation of this policy may appeal the decision by contacting the Federal Rights Coordinator or the Director of Schools/Designee. Any student disciplined for violation of this policy may appeal the decision in accordance with disciplinary policies and procedures.

REPORTS

When a complaint is filed alleging a violation of this policy where there is physical harm or the threat of physical harm to a student or a student's property, the principal/designee of each middle school, junior high school, or high school shall report the findings and any disciplinary actions taken to the director of schools and the chair of the board of education.

By July 1 of each year, the director of schools/designee shall prepare a report of all of the bullying cases brought to the attention of school officials during the prior academic year. The report shall also indicate how the cases were resolved and/or the reasons they are still pending. This report shall be presented to the board of education at its regular July meeting, and it shall be submitted to the state department of education by August 1.

The director of schools shall develop forms and procedures to ensure compliance with the requirements of this policy and TCA 49-6-4503.

RETALIATION AND FALSE ACCUSATIONS

Retaliation against any person who reports or assists in any investigation of an act alleged in this policy is prohibited. The consequences and appropriate remedial action for a person who engages in retaliation shall be determined by the administrator after consideration of the nature, severity, and circumstances of the act.

False accusations accusing another person of having committed an act prohibited under this policy are prohibited.

The consequences and appropriate remedial action for a person found to have falsely accused another may range from positive behavioral interventions up to and including suspension and expulsion.

I have read the above informing me of McMinn County School Board Policy 6.304 and know that disciplinary action will be taken for violation of the Policy concerning Student Discrimination, Harassment, Bullying, Cyber-bullying and Intimidation.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

MCMINN COUNTY SCHOOLS
HOMELESS STUDENT REFERRAL
SCHOOL YEAR 20____-20____

PART 1: SCREENING TO BE COMPLETED BY PARENT or GUARDIAN

The purpose of this form is to identify and support homeless students in MCS. Please be assured that the information on this form is confidential. If you have any concerns or questions, contact the Homeless Liaison Office at 423-506-5228. Please answer the following screening questions to determine if you might qualify for homeless support:

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No
If yes, is the living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No
2. Is the student living with someone other than his or her parent or legal guardian? ☐ Yes ☐ No

If you answered YES to any of the above questions, you may qualify for homeless services. Please **complete PART 2, and return this form to your school office.**

If you answered NO to all of the above questions, stop here. You do not need to return this form

Parent or Guardian Signature _____ Date _____

PART 2: STUDENT INFORMATION

Parent or Guardian Name(s) _____

Address _____
STREET APT# CITY STATE ZIP

Home Phone _____ Work _____ Cell _____

Email Address _____

Preferred Language (if other than English) _____

Student Name	Gender	Grade	School	ID Number

Where are you currently living?

- ☐ Doubled-up due to hardship and/or moving from home to home frequently
- ☐ Motel or Hotel - Name of motel or hotel _____
- ☐ Homeless shelter or domestic violence program - Name of provider _____
- ☐ Transitional housing - Name of provider _____
- ☐ In a location not designated for sleeping accommodations, such as car, park, or campsite

SCHOOL REGISTRAR: Fax or email completed forms to Homeless Liaison @ McMinn County Schools (Fax: 423-744-1641 or tleach@mcminnschools.com)

Homeless Liaison Signature _____

Date _____

McMinn County Board of Education
HOME LANGUAGE SURVEY.

Student Name: _____ Birth Date: _____

Sex: ☐ Male ☐ Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. What is the first language your child learned to speak? _____
2. What language does your child speak most often outside of school? _____
3. What language do people usually speak in your child's home? _____

McMinn County Board of Education
ENCUESTA DE IDIOMA DOMESTICO

Nombre del alumno: _____ Fecha de nacimiento: _____

Sexo: ☐ Masculino ☐ Femenino

Nombre de los padres/apoderado: _____

Dirección: _____

Teléfono de la casa: _____ Teléfono del trabajo: _____

Escuela: _____ Grado: _____ Fecha: _____

1. ¿Que es la primera lengua que su niño aprendió hablar? _____
2. ¿Que lengua habla su niño mas a menudo afuera de la escuela? _____
3. ¿Que lengua hablan la gente generalmente en la casa de su niños? _____

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	