

Franklin Public Schools

Office of the Superintendent of Schools
355 East Central Street
Franklin, Massachusetts 02038

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Dear Parents and Guardians:

The Massachusetts Department of Education is developing a comprehensive, web-based system to replace the current paper-based data collection and information exchange system between the Department of Education and all school districts.

Consistent with this initiative, we are to maintain specific accurate information about every student in this school. You are requested to complete the following information for each student in your family who attends the Franklin Public Schools and return it to the school Principal.

Section I: Legal Name & Address (Please print)

First Name: _____ Middle Name: _____
(no nicknames)

Last Name: _____

Date of Birth: _____ Male _____ Female _____
mm/dd/yy

City & State of Birth: _____

Country of Birth _____

City of Residence: _____ Phone #: _____

Street Address: _____ Apt. # _____

Country of Origin _____
(Country from which immigrant children have immigrated)

First Native Language: _____
(Native language is specific language or dialect first learned by an individual or first used by parent/guardian with child)

Section II: Race

_____ American Indian or Native American – A person having origins in any of the original peoples of North America and whom maintains cultural identification through urban affiliation or community attachment (01)

- _____ Asian or Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, The Philippine Islands and Samoa. (02)
- _____ Black – A persona having origins in any of the black racial group of Africa
- _____ White - A person having origins in any of the original peoples of Europe, North American, or the Middle East (05)
- _____ Hispanic - A person Mexican, Puerto Rico, Cuban, Central of South American or other Spanish culture or Spanish culture or origin, regardless of race. (99)

Section III -Income Status

Low Income State (Check if applicable)

- _____ The student is eligible for free or reduced lunch or receives Transitional Aid to Families benefits or is eligible for food stamps (01)

Perkins Low Income Statues (Check if applicable)

- _____ The family has an annual income below the federal poverty guidelines; or the family received Transitional Aid to Families or the student is a state ward (foster child) or is in an institution for the neglected or delinquent or the student is eligible for free/reduced price lunch. (01)

Migrant Status (Check if Applicable)

- _____ An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment (01).

Immigrant Status (Check if anything)

- _____ An indication of whether a student is eligible for the Emergency Immigrant Education Immigrant Education Program is, the student must not have been in any State (any of the 50 states (the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the North Mariana Islands, or the territory of the Pacific Islands) and not having completed 3 full academic year of school in any state (01)

Signature of Parent or Guardian

Date

Please return to your son/daughter's teacher.
Thank You.

Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

| Student Information | | | | |
|--|--|---|----------------------------|----------------------------|
| First Name _____ | Middle Name _____ | Last Name _____ | F <input type="checkbox"/> | M <input type="checkbox"/> |
| | Gender | | | |
| Country of Birth _____ | Date of Birth (mm/dd/yyyy) _____ / _____ / _____ | Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____ / _____ / _____ | | |
| School Information | | | | |
| Start Date in New School (mm/dd/yyyy) _____ / _____ /20_____ | Name of Former School and Town _____ | Current Grade _____ | | |
| Questions for Parents/Guardians | | | | |
| What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian) | Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always | | | |
| What language did your child first understand and speak? | Which language do you use most with your child? | | | |
| Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write | Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always | | | |
| Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> | Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> | | | |
| Parent/Guardian Signature: X | _____ / _____ /20_____ Today's Date: (mm/dd/yyyy) | | | |