

Home Language Survey Form
Kit Carson School District
102 West 5th Street
Kit Carson, CO 80825
719-962-3219

Dear Parent/Guardian:

The office of Civil Rights and Colorado Department of Education require school districts to determine the dominant language spoken by your student to help provide meaningful instructional programs.

Please answer these questions and return to your school. This questionnaire becomes a part of the District's official documentation of language assessments. Thank you.

Student Name: _____

Grade: _____ Birthdate _____ Birth Place _____

1. Which language did your son or daughter learn when he/she first began to talk?

2. What language does your son or daughter use at home?

3. What language do you use when speaking to your child?

4. Name the language your child speaks with his/her friends outside the home.

5. In which language do you prefer to receive communication from the school?

Parent/Guardian Signature

Date

Print Name

Kit Carson School District
102 W. 5th Avenue
Kit Carson, CO 80825
(719) 962-3219

This questionnaire is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? Choose one box:

<p>Section A: Please circle one</p> <p>In a shelter</p> <p>With more than one family in a house or apartment</p> <p>In a motel, car or campsite</p> <p>With friends or family members (other than parent/guardian)</p> <p>CONTINUE: If you checked a box in Section A, complete #2 and the remainder of this form.</p>	<p>Section B</p> <p>Choices in Section A do not apply</p> <p>STOP: If you checked this section, you do <u>not</u> need to complete the remainder of this form.</p>
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2. The student lives with: Please choose one

1 parent 2 parents 1 parent & another adult a relative, friend (s) or other adult(s)
alone with no adults an adult that is not the parent or the legal guardian

Name of Student _____ Male Female

Birthdate _____ Age: _____

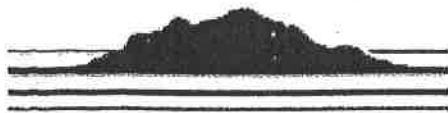
Name of Parent(s)/Legal Guardian(s) _____

Address _____

Phone: _____

Signature of Parent/Legal Guardian _____ Date: _____

If the parent has checked Section B above, completion of the form is not required. For any choices in Section A, this form must be completed and forward to the administration office immediately after completion. The district is required to keep this original form separately from the Student Permanent Record. The McKinney Vento Liaison for Kit Carson School District is Brenda Smith, Superintendent.



CENTENNIAL BOCES

Board of Cooperative Educational Services
www.cboces.org

Ault-Highland RE-9
Briggsdale RE-10
Brush RE-2J
Eaton RE-2
Johnstown-Milliken RE-5J

Longmont Office
830 So Lincoln Street
Longmont, CO 80501
303-772-4420 Office
303-776-0504 Fax

Morgan County RE-3
Park R-3
Pawnee RE-12
Platte Valley RE-7
Prairie RE-11

Greeley Office
2020 Clubhouse Drive
Greeley, CO 80634
970-352-7404 Office
970-352-7350 Fax

St Vrain Valley RE-1J
Weld RE-1
Weldon Valley RE-20J
Wiggins RE-50J

South Platte Office
821 West Platte Avenue
Ft Morgan, CO 80701
970-867-8297 Office
970-867-6129 Fax

Program Eligibility Survey

Dear Parents/Guardian,

Our school district receives funding to provide additional support and services for students who qualify for specific programs. Your cooperation in completing this form will assist us to identify eligible students and for our school district to receive supplemental funding. All information is confidential and will not be used for any other purpose.

Parents/Guardian Names: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Best time to call: _____

Please list all children in your home from birth to 22 years of age.

Child Name	Date of Birth	Name of School

What year did your family last move? Year: _____

Has either parent/guardian worked in, or applied for employment in any of the following areas within the past 3 years? Yes No

If yes, please mark the appropriate employment areas with an X:

- | | |
|--|---|
| <input type="checkbox"/> Farming/Ranching | <input type="checkbox"/> Hauling Fruits or Vegetables |
| <input type="checkbox"/> Planting/Harvesting Field Crops | <input type="checkbox"/> Canning |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Orchards |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Greenhouse/Nursery |
| <input type="checkbox"/> Food Processing Plant | <input type="checkbox"/> Tree Processing/Forestry |
| <input type="checkbox"/> Meat Packing Plant | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Sort/Grade/Sack Vegetables and/or Fruits | <input type="checkbox"/> Sod Farms |
| <input type="checkbox"/> Clean/Prepare/Pack Vegetables and/or Fruits | <input type="checkbox"/> Feed Lots |
| <input type="checkbox"/> Seed Packaging | |