

River Edge Elementary Schools

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"Building Bright Futures Together"

Dr. Tova Ben-Dov
Superintendent of Schools

Louise Napolitano
Business Administrator/Board Secretary

Home Language Survey Parent/Guardian Language Questionnaire

Name: _____ Age: _____ School: RS CHS

Address _____ Telephone Number _____

Email Address _____

Grade _____ Date of Birth _____ Place of Birth _____

Name of older brother/sister in district (if applicable) _____

1. What language did the child learn when he/she first began to talk?

2. What language does the whole family speak at home most of the time?

3. What language do the parents and guardians speak to the child most of the time?

4. What language does the child speak to his/her parents and adults most of the time?

5. What language does the child speak to her/his brothers and sisters most of the time?

6. What language does the child speak to his/her friends most of the time?

7. Does your child read and/or write in your home language?

Grades 1-6 - My child was in ESL yes no ACCESS TEST Parent Report Copy presented at registration

Schools attended in the last two years

From - To

City/School

Grades

English

Bilingual
