

# SAINT CATHERINE OF GENOA SCHOOL

192 SUMMER STREET  
SOMERVILLE, MA 02143

## Home Language Survey

New Registration

Re-entry

GRADE:  K1A  K1B  K2  1-8

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dear Parents and Guardians:

In order to help your child succeed in school, we ask that you please answer the following questions for each child in your family. Your answers will help us in creating the best possible educational program for your child.

1. What language did your child first understand or speak? \_\_\_\_\_
2. What language do you use most often when speaking with your child at home? \_\_\_\_\_
3. What language does your child use most often when speaking with you at home? \_\_\_\_\_
4. What language does your child use most often when speaking with other family members?  
\_\_\_\_\_
5. What language does your child use most often when speaking with friends \_\_\_\_\_
6. What language(s) does your child read? \_\_\_\_\_
7. What language(s) does your child write? \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent /Guardian**