

**Campbell County Board of Education**

172 Valley Street ♦ P.O. Box 445 ♦ Jacksboro, TN 37757  
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*...children first always...*

**Home Language Survey  
Grades 9-12**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_

Please answer the following questions and return to your school counselor.

- 1) What is the first language this child learned to speak?
- 2) What language does this child speak most often outside school?
- 3) What language do people usually speak in the child's home?

If you are entering the country as an immigrant or refugee answer the following questions.

1) Date you entered US \_\_\_\_\_

2) From which Country: \_\_\_\_\_

The Campbell County Board of Education does not discriminate on the basis of race, color, national origin, Sex, or disability in its programs and activities.

**\*\*\*Notice to Principal: This form is to be kept in a separate file for ESL students.  
A copy of this form is to be kept in the student's permanent/cumulative file.**