

GROVEPORT MADISON LOCAL SCHOOL DISTRICT  
5940 Clyde Moore Drive, Suite C  
Groveport, Ohio 43125  
(614) 492-2520

**PERSONAL INFORMATION SHEET**  
(Confidential)

Dear Parent:

The information requested here is for use in the school where your child is enrolled. The information will help the teacher to better understand your child and is only for use by the school. This is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in filling out the blanks will be appreciated.

Date \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_  Male  Female  
Last First Middle

PLEASE CHECK  YES  NO (01) ARE YOU HISPANIC /LATINO

PLEASE CHECK ONE OR MORE OF THE FOLLOWING:

- (02)  Amer. Indian or Alaska Native (03)  Asian  
(04)  Black or African American (non Hispanic/ Latino)  
(05)  Native Hawaiian or Other Pacific Islander  
(06)  White (07) Multiracial (What ethnic's apply) please enter \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Address \_\_\_\_\_  
Number Street Apt. # City State Zip Code

Phone Number \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Place of Birth \_\_\_\_\_

Last School Attended \_\_\_\_\_  
Name of School Street City State Zip Code

Previous Groveport Madison School Attended \_\_\_\_\_ Grade \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Does the student have a first language other than English?  Yes  No

Does the student most frequently speak a language other than English?  Yes  No

Put a check mark (✓) in the box beside the person(s) with whom the child lives.

*Biological Mother* Name: \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

*Biological Father* Name: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

*Step-parent* Name \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

*Foster/Other* Name \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Are there any brothers (how many) \_\_\_\_\_

Are there any sisters (how many) \_\_\_\_\_

Name

Birth date

Name

Birth date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL NEEDS**

Is your child Special Needs \_\_\_\_\_?

Did you bring with you the current MFE \_\_\_\_\_?

Did you bring with you the current IEP \_\_\_\_\_?

Does your child receive any Special Services, i.e., Speech, DH, LD, or LDRC. Please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOME LANGUAGE SURVEY**

Please answer the following questions:

1.) What language did your son/daughter speak when he/she first learned to talk?

\_\_\_\_\_

2.) What language does your son/daughter use most frequently at home?

\_\_\_\_\_

3.) What language do you use most frequently to your son/daughter?

\_\_\_\_\_

4.) What language do the adults at home most often speak?

\_\_\_\_\_

5.) How long has your son/daughter attended school in the United States?

\_\_\_\_\_

**Was your child previously in an ESL school? If so where**

**Office use only: Please initial and send copy to ESL teacher**