

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 ALL OF THE FOLLOWING ETHNIC GROUPS THAT APPLY:

- (02) Amer. Indian or Alaska Native (03) Asian
(04) Black or African American (05) Native Hawaiian or Other Pacific Islander
(06) White (07) Multiracial

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

IF NO RACE IS SELECTED, THE SCHOOL DISTRICT IS REQUIRED TO MAKE A SELECTION FROM OBSERVATION.

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 () _____

OVER

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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