

School Office: This form is to be completed for every student during their **INITIAL ENROLLMENT**. The completed form is to go to your counseling department and ELL teacher to determine whether the student will be assessed for English Language Proficiency. A copy of this form must be kept in the student's permanent file.

Weber School District
Home Language Survey (HLS)
All New Kindergarten and Initial Enrollment Students

Note: Federal and State regulations require schools to determine the language(s) spoken and understood by each student in order to provide appropriate instruction. This form must be completed for every student who speaks a language other than English or who comes from a home where a language other than English is spoken. This does not include students or parents who have learned a foreign language by taking classes or by other means.

Student's Full Name _____ Grade _____ Birthdate ____ / ____ / ____

Student's Country of Birth _____

If student was not born in the United States, date first enrolled in a U.S. school. ____ / ____ / ____

1. Has your child attended a school in the U.S. for more than three years? Yes No
2. What language or languages did your child use when he/she first began to talk? _____
3. What language or languages does your child speak with you at home? _____
4. What language or languages do you (parents or guardians) use when you speak to your child? _____
5. Do the adults in your home (parents, guardians, grandparents or other adults) speak to each other in a language other than English? Yes No
If yes, what language? _____
6. What language do you prefer for school-to-home communication? English Other (please specify) _____

I understand that if my child first spoke a language other than English, or if another language other than English is spoken in the home, my child's English language proficiency will be evaluated.

Parent/Guardian Signature _____ Date _____

Weber School District/Student Medical Information

(Update annually if medical information has changed or you are new to Weber School District)

In an effort to insure that your child's health is protected at school, we request that you provide the school with current information regarding the health of your student. This information will be kept confidential, and shared only with those who have direct contact with your child and have a need to know.

Student _____ Date of Birth _____

Grade _____ Teacher _____ Date _____ Guardian/Parent Home Phone _____ Cell Phone _____

Does your child have a medical condition (diagnosed by a doctor) that requires a Health Care Plan to help guide faculty and staff in providing care to your child to be kept on file at the school? Yes No Do you want a Health Care Plan? Yes No

Does your child have any of the following medical conditions the school should be aware of?

Yes No

ADHD: Medications prescribed _____

Life Threatening Allergies: _____

Medications to be kept at school for life threatening allergy: Epipen/Auvi Q Benadryl

Asthma: Medication to be kept at school: Inhaler _____ Nebulizer _____

Bladder/Bowel problems (Diagnosed by Physician): Type/describe _____

Diabetes: Type I Type II Medications _____

Heart Conditions: Type/describe _____ Medications _____

Mental Health conditions: Type/describe _____ Medications _____

Seizures: Type/describe _____ Medications _____

Special Dietary needs: (A Special Meal Request form is required for meal accommodations at school): _____

Other Significant Medical Conditions that may impact your child while at school: _____

If your child will be taking medication at school, a Medication Authorization Form must be signed by the parent and physician before medications can be given at school. These forms must be updated each school year. These forms, as well as health care plans, can be obtained from the school, or under nursing department online at www.wsd.net.

My signature below indicates that I have read and understand the above statements. I will update this health information if/when changes occur.

Parent/Guardian Signature _____ Date _____