

Dear Parent/Guardian,

In order to help your child succeed in school we ask that you please fill out the following form for EACH child that you are registering at Lowell Middlesex Academy Charter School. Your answers will help us to provide the best possible educational program for your child.

Student Name: _____

1. What language did your child first understand or speak? _____
2. What language do you use most often when speaking to your child at home?

3. What language does your child use most often when speaking with you at home?

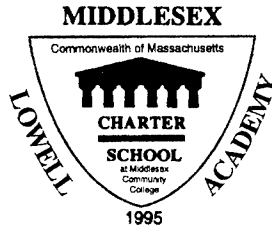
4. What language does your child speak most often when speaking with other family members?

5. What language does your child use most often when speaking to friends?

6. What languages does your child read?

7. What languages does your child write?

8. At what age did your child start attending school? _____
9. Has your child entered school every year since that age? _____
If no, please explain:



10. What is the student's race? (*check one or more*)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

11. Would you prefer oral and written communication from the school in English or in your home language?

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Name of School Intake Person: _____