



**Visalia Montessori School**  
 3502 South Linwood Street  
 Visalia, CA 93277  
 559-624-1374  
 office@visaliamontessori.com

### Demographic Information

Student Name: \_\_\_\_\_

Student Birthplace: \_\_\_\_\_ If not in U.S., when did your child enter U.S.? \_\_\_\_\_

When did your child first enroll in a U.S. school? \_\_\_\_/\_\_\_\_

**Parent Education** Level (Check response that describes the highest education level of parent/guardian):

not a high school graduate

college graduate

high school graduate

graduate/professional degree

some college or associate's degree

**Ethnicity:** Check response with which the student most closely identifies:

Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)

Not Hispanic or Latino

**Race:** Please check up to five racial categories.

American Indian or Alaska Native (having origins in the original people of North, Central or South America)

Other Asian

Chinese

Hawaiian

Japanese

Guamanian

Korean

Samoan

Vietnamese

Tahitian

Asian Indian

Other Pacific Islander

Laotian

Filipino/Filiino American

Cambodian

Black or African American

Hmong

White (having origins in the original peoples of Europe, North Africa, or the Middle East)

Other (please list)

### Demographic Information (continued)

Student Name: \_\_\_\_\_

#### Home Language:

Which language did your child learn when s/he first began to talk? \_\_\_\_\_

What language does your child most frequently use at home? \_\_\_\_\_

What language do you use most frequently to speak to your child? \_\_\_\_\_

What is the language most often spoken by the adults at home? \_\_\_\_\_

**Special Education or other services:** What special services has your child received? (Check all that apply)

Resource (RSP)

Gifted (GATE)

Special Day Class (SDC)

Counseling

Speech/Language

English Language Development

504 Accommodation Plan

Medical Health Plan

If your child has never received Special Education or other special services, do you currently have any concerns that s/he might need service?  Yes  No

Has your child been expelled or in the process of being expelled from any school?  Yes  No

If yes, Name of School \_\_\_\_\_

City: \_\_\_\_\_ Date: \_\_\_\_\_

#### Parent Consent

I authorize/ do not authorize VMS to disclose my child's demographic information to any person or organization seeking schoolwide demographic information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date