

**BOSTON PUBLIC SCHOOLS
AWC TEST ADMINISTRATION FOR NON-BPS STUDENTS
SATURDAY, OCTOBER 13, 2018**

(Make-Up Test Date and Students Testing with Accommodations is Saturday, October 20, 2018)

STUDENT REGISTRATION FORM

STUDENT #
(Office Use Only)

CANDIDATE _____
Last Name First Name Middle Name

LEGAL ADDRESS _____
Street Apt. # Zip Code

DATE OF BIRTH ____/____/____ CITY OF BIRTH _____ STATE _____

PARENT'S CELL PHONE NUMBER _____

CURRENT GRADE _____ SEX Male Female

IS YOUR CHILD OF HISPANIC OR LATINO ORIGIN? Yes No

CANDIDATE'S RACE *(You may choose more than one if applicable)*

Black White Asian Native Hawaiian/ Pacific Islander Native American

PRESENT SCHOOL _____

SCHOOL CITY & STATE _____

PARENT/GUARDIAN NAME _____

How did you hear about AWC testing? _____

What is the reason that you would like to have your child tested? _____

Are there any particular programs that you are interested in? _____

Please check box if requesting test accommodations for students with disabilities or English Learners.

BOSTON PUBLIC SCHOOLS HOME LANGUAGE SURVEY

In order to make sure that all students are provided the education services that they need, the law requires us to ask questions about students' language backgrounds. The answers tell us if students' proficiency in English should be evaluated and help us to make sure that important opportunities to receive programs and services are offered to those students who need them.

Student Last Name: _____ Student First Name: _____

Middle Name: _____ Current Grade: _____

City of Birth: _____ State: _____ Country: _____

A. Please answer the questions below.

I. What are the primary languages used in the home regardless of the language spoken by the student? (Select up to three)

- | | | | |
|--------------------------------------|-----------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> E-English | <input type="checkbox"/> H-Haitian | <input type="checkbox"/> R-Russian | <input type="checkbox"/> Q-Korean |
| <input type="checkbox"/> S-Spanish | <input type="checkbox"/> K-Cape Verdean | <input type="checkbox"/> M-Mandarin | <input type="checkbox"/> D-Cambodian |
| <input type="checkbox"/> C-Cantonese | <input type="checkbox"/> P-Portuguese | <input type="checkbox"/> T-Toishanese | <input type="checkbox"/> W-H'Mong |
| <input type="checkbox"/> I-Italian | <input type="checkbox"/> G-Greek | <input type="checkbox"/> B-Burmese | <input type="checkbox"/> N-Somali |
| <input type="checkbox"/> F-French | <input type="checkbox"/> V-Vietnamese | <input type="checkbox"/> A-Arabic | <input type="checkbox"/> O- Other |
-

II. What is the language most often spoken by the student? (Select only one)

- | | | | |
|--------------------------------------|-----------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> E-English | <input type="checkbox"/> H-Haitian | <input type="checkbox"/> R-Russian | <input type="checkbox"/> Q-Korean |
| <input type="checkbox"/> S-Spanish | <input type="checkbox"/> K-Cape Verdean | <input type="checkbox"/> M-Mandarin | <input type="checkbox"/> D-Cambodian |
| <input type="checkbox"/> C-Cantonese | <input type="checkbox"/> P-Portuguese | <input type="checkbox"/> T-Toishanese | <input type="checkbox"/> W-H'Mong |
| <input type="checkbox"/> I-Italian | <input type="checkbox"/> G-Greek | <input type="checkbox"/> B-Burmese | <input type="checkbox"/> N-Somali |
| <input type="checkbox"/> F-French | <input type="checkbox"/> V-Vietnamese | <input type="checkbox"/> A-Arabic | <input type="checkbox"/> O- Other |
-

III. What is the language that the student first acquired? (Select only one)

- | | | | |
|--------------------------------------|-----------------------------------------|---------------------------------------|--------------------------------------------|
| <input type="checkbox"/> E-English | <input type="checkbox"/> H-Haitian | <input type="checkbox"/> R-Russian | <input type="checkbox"/> Q-Korean |
| <input type="checkbox"/> S-Spanish | <input type="checkbox"/> K-Cape Verdean | <input type="checkbox"/> M-Mandarin | <input type="checkbox"/> D-Cambodian |
| <input type="checkbox"/> C-Cantonese | <input type="checkbox"/> P-Portuguese | <input type="checkbox"/> T-Toishanese | <input type="checkbox"/> W-H'Mong |
| <input type="checkbox"/> I-Italian | <input type="checkbox"/> G-Greek | <input type="checkbox"/> B-Burmese | <input type="checkbox"/> N-Somali |
| <input type="checkbox"/> F-French | <input type="checkbox"/> V-Vietnamese | <input type="checkbox"/> A-Arabic | <input type="checkbox"/> O- Other (Which?) |
-

B. Check the language you understand best and in which you prefer to receive school communications. (Select only one)

- | | | | |
|--------------------------------------|-----------------------------------------|---------------------------------------|--------------------------------------------|
| <input type="checkbox"/> E-English | <input type="checkbox"/> H-Haitian | <input type="checkbox"/> R-Russian | <input type="checkbox"/> Q-Korean |
| <input type="checkbox"/> S-Spanish | <input type="checkbox"/> K-Cape Verdean | <input type="checkbox"/> M-Mandarin | <input type="checkbox"/> D-Cambodian |
| <input type="checkbox"/> C-Cantonese | <input type="checkbox"/> P-Portuguese | <input type="checkbox"/> T-Toishanese | <input type="checkbox"/> W-H'Mong |
| <input type="checkbox"/> I-Italian | <input type="checkbox"/> G-Greek | <input type="checkbox"/> B-Burmese | <input type="checkbox"/> N-Somali |
| <input type="checkbox"/> F-French | <input type="checkbox"/> V-Vietnamese | <input type="checkbox"/> A-Arabic | <input type="checkbox"/> O- Other (Which?) |
-

Parent/Guardian Signature: _____

Date: ____/____/____

Registration Deadline: September 28, 2018.
Mail the Student Registration form and Home Language Survey to: Boston Public Schools,
Office of Data and Accountability, 2300 Washington Street, Roxbury, MA 02119