



SPANISH CLASSROOM APPLICATION

(Faribault only)

Child's Name: _____ / _____
First Middle Initial Last Nickname

Date of Birth: _____ Sex: Male Female
month / day / year

Parent / Legal Guardian Name(s): _____

Child lives with: Mother Father Both Foster Parent Legal Guardian Grandparent

Home Address: _____
Street

City State Zip Code County

Telephone: _____ / _____ / _____
Home Work Cell or Message

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- What language(s) are spoken in your home? Spanish English Both
- Which language did your child learn first? Spanish English
- Which language does your child use most frequently at home? Spanish English
- Which language do you most frequently speak to your child? Spanish English
- Would your child need transportation provided? Yes No

I understand this is an application ONLY and does not guarantee enrollment in the Spanish classroom. I also understand that I must keep Head Start informed of any changes of address or phone number I certify that the information I have provided is true and correct to the best of my knowledge.

Parent Signature: _____ Date: _____

