OMB NO: XXXX-XXXX App. Exp: xx/xx/xxxx

Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)

Fall 2007 School Enrollment and Address Information Update

Prepared for the U.S. Department of Education National Center for Education Statistics

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Assurance of Confidentiality

The collection of information in this survey is authorized by Public Law 100 -297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103 -382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be reported. There is one exception. Under the USA Patriot Act of 2001, the Attorney General of the United States could get information collected in this study under court order to use to investigate and prosecute acts of terrorism.

If you have any questions about your rights as a research subject in this study, please call the office of the Research Ethics Review Board at the National Center for Health Statistics, toll free at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol #2004-08. Your call will be returned as soon as possible.



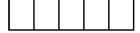


School Enrollment for {CHILD'S FIRST NAME PRELOADED}

Please check one box for each question below.

Q1.	Is your child enrolled in school this year, meaning the 2007-2008 school year?
	YES (Go to Q3)
	NO
Q2.	Do you plan to enroll your child in school for the 2007-2008 school year?
	YES
	NO□ (Go to the next page
Q3.	What grade is your child going to be in this school year? Please check one.
	PRESCHOOL
	KINDERGARTEN
	FIRST GRADE
	SECOND GRADE
	OTHER
	Please describe other grade

Please go to next page.



Contact Information Update

Please review the information printed below.

If your address and telephone number are correct, please check the "Contact Information Is Correct" box at the bottom of the page.

If your information has changed, please cross through anything that is incorrect and write your new information in the space provided next to it.

If you plan to move and know your new address and telephone number, please enter it in the space provided below.

If you plan to move and do not know your new address and telephone number, please provide an address or phone number that we can use to reach you (for example, a work number, a cell phone number, or a friend who always knows how to reach you).

UPDATED CONTACT INFORMATION
If you are moving, on what date do you expect to
move to the new address?
MONTH / DAY / YEAR
Thank You!

