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 for Twins

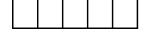
Prepared for the U.S. Department of Education National Center for Education Statistics

by RTI International 3040 Cornwallis Road Research Triangle Park, NC 27709 (919) 541-6000

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.

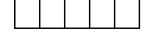




SECTION A. School Enrollment for {CHILD'S FIRST NAME

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 Section B)	
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		
	Continue with Sec	tion B below.	
Sed	ction B. School Enrollment fo	or {TWIN}	
Pleas	se check one box for each question below.		
Q4.	Is your child enrolled in school this year, me	aning the 2007-2008 school year?	
	YES	(Go to Q6)	
	NO	` '	
Q5.	Do you plan to enroll your child in school for		
	YES		
	NO	(Go to NEXT PAGE)	
Q6.	What grade is your child going to be in this s	chool year? Please check one.	
	PRESCHOOL		
	KINDERGARTEN	□	
	FIRST GRADE		
	SECOND GRADE		
	OTHER	□	
	Please describe other grade		





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).

CURRENT CONTACT INFORMATION	UPDATED CONTACT INFORMATION
[PANEL_INFO ID]	
[R_FIRST NAME] [R_LAST NAME]	
[ADDRESS LINE 1]	
[ADDRESS LINE 2]	
[CITY], [STATE] [ZIP]	
TELEPHONE: [TELEPHONE]	
CHILD'S NAME: [CHILD'S NAME]	
TWIN'S NAME: [TWIN'S NAME] (IF TWIN CASE)	
	If you are moving, on what date do you expect to
	move to the new address?
	MONTH / DAY / YEAR
CONTACT INFORMATION IS CORRECT	Thank You!

