



# ANUNCIO



## La solicitud del Programa de Inmersión Dual está en línea

Dual Language Immersion Program Application  
Please turn in to the schools front office when complete.

Date \_\_\_\_\_

I understand the following program expectations:

- My child will receive daily content area instruction in both Spanish and English.
- My child will participate in rigorous academic activities that require a high level of effort and dedication.

### Fecha límite de solicitud: \_\_\_\_\_

- A commitment to maintain my child in the program through grade 5.

Students will be assigned to a program based on their ability to determine his/her dominant languages

Language proficiency screening will be conducted to determine program placement. Students will be contacted and notified of their placement to the beginning of the school year. Students not selected, may re-apply for the following year.



I am interested in the Dual Language Immersion Program \_\_\_\_\_

Child's dominant language: English \_\_\_\_\_ First & Last Name \_\_\_\_\_

Child's attendance zone school: \_\_\_\_\_

Is there a sibling currently in the program? \_\_\_\_\_

If yes, name of sibling \_\_\_\_\_

Parent Name: \_\_\_\_\_

<https://forms.office.com/r/hxn8gzXADk>

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

If not selected, I would like to be added to the waiting list Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_





# NEW



# Online Dual Language

I understand the following program expectations:

- My child will receive daily content area instruction in both Spanish and English.
- My child will participate in rigorous academic activities that require a high level of effort and dedication.
- Family involvement in program specific events is critical to my child's success.

## Application Deadline:

Students will be administered a language proficiency screening to determine his/her dominant languages

Language proficiency screening will be conducted in the fall semester. Students will be contacted and invited to participate prior to the beginning of the school year. Students not selected, may request to be added to the waiting list.



I am interested in the Dual Language Program.  Yes  No

Child's dominant language: English  Spanish

Child's attendance zone school: \_\_\_\_\_

Is there a sibling currently in the program?  Yes  No  
If yes, name of sibling: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

<https://forms.office.com/r/hxn8gzXADk>

If not selected, I would like to be added to the waiting list. Yes  No



# APPLICATION