



Date Received _____

Interest Form for Dual Immersion (DI) Program

Student's Name: _____ Grade Requesting: _____

Transitional Kindergarten age are NOT eligible for Dual Language Immersion Program

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|---|------------------------------|
| Student's Information | Currently Attending _____ |
| Gender: _____ Date of Birth: ____/____/____ | DLI School's Name/City _____ |
| Attach Proof of Attendance – Must be a Spanish/English DI Program to Have Priority | |

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|------------------------------|--------------------------|-----------------|
| Family Information | | |
| Address: _____ | City: _____ | Zip Code: _____ |
| Home Phone: _____ | Email: _____ | |
| Parent #1/Guardian #1: _____ | Contact Number(s): _____ | |
| Parent #2/Guardian #2: _____ | Contact Number(s): _____ | |

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| Preschool/Transitional Kindergarten (TK) Experience – for Entering Kindergarten Parents Only |
| 1. Has your child attended preschool, Transitional Kinder (TK) or other early childhood education classes? If you responded yes, answer question #2. Yes ___ No ___ |
| 2. Name of Preschool/TK _____ City & State of Preschool/TK _____ |
| 3. How long was your child enrolled at this Preschool/TK? From: _____ To: _____ |
| 4. Does your child have an active Individualized Education Plan (IEP)? Does your child receive Special Education Services? Yes ___ (Must Attach a Copy) No ___ |

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| Family Language Survey |
| 1. What is your child's dominant language? Write the name of the language _____ |
| 2. Which language is your child most likely to use with siblings and friends? _____ |
| 3. What language(s) does Parent #1/Guardian #1 speak (circle the strongest language)? _____ |
| 4. What language(s) does Parent #2/Guardian #2 speak (circle the strongest language)? _____ |

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| Employee Status |
| 1. Does either parent/legal guardian work for the Ontario-Montclair School District? Yes ___ No ___ |
| If so, name the work location: _____ |

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| Other Siblings |
| 1. Were or are any of these siblings in a DLI Program? _____ If yes, which school? _____ |
| 2. List all siblings and their ages: _____ |

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| Personal Statement |
| Why do you want your child to participate in the DI Program? |
| _____ |
| _____ |
| _____ |