EUCLID LANGUAGE ACADEMY
ACADEMIA DE LENGUAJE EUCLID

2026-2027

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

---

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

---

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

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 _____

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)? _____

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

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: _____
_____

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