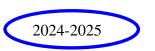


## EUCLID ELEMENTARY SCHOOL ESCUELA PRIMARIA EUCLID



## **Interest Form for Dual Language Immersion (DLI) 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://	Currently Attending DLI School's Name/City
Attach Proof of Attendance – Must be a Spanish/English DLI Program to Have Priority	
Family Information	
	City: Zip Code:
Home Phone: Email:	City: Zip Code: Contact Number(s):
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	
1. What is your child's dominant language? Write the name of the 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 DLI Program?	