



80:20 DUAL LANGUAGE EDUCATION PROGRAM
INTEREST FORM
INCOMING KINDERGARTEN OR 1ST GRADE FOR 2019-2020 SCHOOL YEAR

SUBMIT BY FRIDAY, APRIL 19, 2019

This form serves the purpose of identifying students whose parents are interested in the 80:20 Dual Language Program. In order to ensure that all applicants are considered, all information requested in this form must be filled out and parents/legal guardians must submit this form by April 19, 2019. **PLEASE NOTE THAT SUBMISSION OF THE DL INTEREST FORM DOES NOT GUARANTEE PLACEMENT IN THE PROGRAM.** Submission date will be a factor in the placement of students. Please ensure you keep the confirmation number received as proof of submission if submitted online and a copy with initials and stamp if submitted at a school facility.

STUDENT INFORMATION:

Last Name First Name Date of Birth Month / Day / Year

Parent/Legal Guardian Contact Phone Number

Student street address

City State Zip Code

AGREEMENT:

- I am interested in enrolling my child into the 80:20 Dual Language Program for the 2019-2020 school year.
- In order for this form to be processed, parent(s) of new students to the district must **fill out the Home Language Survey** attached to the Dual Language Interest Form or **one must be on file** according to 23 Illinois Administrative Code 228.15.
- Research indicates that Dual Language programs are most effective when students remain in the program for a sustained period of time. The district is committed to offering the program in grades PreK-12. Withdrawal from the program should only be made by a team decision involving the parent, school, and district specialists (when applicable) based on the needs and best interest of the student.

I have read and agree to the conditions above.

Parent/Guardian Signature Date

TRANSPORTATION AGREEMENT:

To be completed by parents of English-dominant students and parents of students who do not qualify to receive ELL Services.

If my child's home school does not have the Two-Way Dual Language Program, I am willing to transport my child to and from the Two-Way DL Satellite School assigned by the district.

Yes No

FOR SCHOOL USE ONLY

Home School Entering Grade: K 1

ID# DATED & INITIALED STAMP HERE

1. Provide parent with a copy.
2. Fax/Email copy to ELL Department.
3. Keep original for school record.

FOR ELL DEPARTMENT USE ONLY

Qualifying Status: Yes No N/A Two-Way DL Satellite School: _____

NEB: _____