



80:20 DUAL LANGUAGE EDUCATION PROGRAM INTEREST FORM

INCOMING NEW KINDERGARTEN OR NEW 1ST GRADE FOR 2020-2021 SCHOOL YEAR

SUBMIT BY **FRIDAY, APRIL 17, 2020**

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 17, 2020**. **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. ONLINE DIRECT SUBMISSION OF INTEREST FORM IS ALSO AVAILABLE AT www.u-46.org/dlform

STUDENT INFORMATION:

_____		_____
Student's Last Name	Student's First Name	Date of Birth Month / Day / Year
_____		_____
Parent/Legal Guardian		Contact Phone Number

Student's street address		
_____	_____	_____
City	State	Zip Code

AGREEMENT:

- I am interested in enrolling my child into the 80:20 Dual Language Program for the 2020-2021 school year, and I will attend one of The Dual Language Informational meetings to learn more about the program.
- 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.
- In order for your child to be considered for placement, your child must be registered in a U-46 school.
- 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

TO BE COMPLETED BY SCHOOL

Entering Grade:

K 1

Home School _____

Home Language Survey Attached On file and **entered** in IC

ID# _____

DATE & INITIAL HERE

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

FOR ELL DEPARTMENT USE ONLY

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

NEB: _____ ENTERED BY: _____