School Use Only

Received By:_____

Date: Received:______

French Dual Language Application for the 2023-2024 School Year



Name of Student:	Female:	Male:	
Grade Level (as of 9/1/2023):	Home School:		
Do you have a sibling currently enr	olled in the Dual Language Progra	m? (Yes/No)	
If "yes", at which sch	ool is the sibling enrolled?		
Have you pre-registered for kinders *In order to be included in the ap pre-registration information by I	plication lottery Urbana Schoo		eceive your kindergarten
Is a language other than English spo	oken in the home?		
Yes: What language?			
No:			
Does your child speak a language of	ther than English?		
Yes: What language?			
No:			
(Transportation Update) All students accepted into the Du more away from their assigned s PARENT/GUARDIAN INFORMATI	chool.	fered District transporta	ition if they live 1.5 miles o
Guardian's last name	Guardian's first name	Email Address	
Guardian's last name	Guardian's first name	Email Address	
Student address:			
(street)		city)	(zip code)
Phone number:			
I am interested in signing up for a 2023-2024. If my child is enrolle second language, our family is co of at least 5-6 years. Signing below	d into the Dual Language progr mmitted to supporting our chil	am, given the nature of t d in the Dual Language F	the development of a
Parent/Guardian Signature		Date	

DEADLINE TO BE TURNED IN IS ON OR BEFORE: FRIDAY, May 5th, 2023.

This form serves the purpose of identifying students whose parents want them to enroll in a Dual Language program. In order to ensure that all applicants are considered, parents/legal guardians must turn this application form in person into the student's home school or at Central Office by the deadline. Please keep a signed copy of this application.