	Female	: Male: _	
Grade Level (as of 9/1/2024): Home School:		
Do you have a sibling curren	tly enrolled in the Dual Language F	Program? (Yes/No)	
If "yes", at whic	ch school is the sibling enrolled?		
*In order to be include	kindergarten for the 2024-2025 sc ed in the application lottery Urba stration information by May 3rd,	ana School District 11	
Is a language other than Engl	lish spoken in the home?		
Yes: What language? _			
No:			
Does your child speak a lang	uage other than English?		
Yes: What language? _			
No:			
PARENT/GUARDIAN INFOR	RMATION:		
Guardian's last name	Guardian's first name	Email Address	
Guardian's last name	Guardian's first name	Email Address	
Student address:			
		city)	(zip code)
(street)	(0	lityj	

Parent/Guardian Signature

Date

DEADLINE TO BE TURNED IN IS ON OR BEFORE: FRIDAY, May 3rd, 2024

This form serves the purpose of identifying students whose parents are applying to enroll in a Dual Language program. In order to ensure that all applicants are considered, parents/legal guardians must turn this application form by the_deadline. Forms may be submitted at Central Office (1101 E. University) or via email to Irlanda Jimenez at ijimenez@usd116.org. Please keep a signed copy of this application.