



Spanish Dual Language Application for the 2024-2025 School Year

School Use Only

Date Received: _____

Confirmation Sent: _____

Name of Student: _____ Female: _____ Male: _____

Grade Level (as of 9/1/2024): _____ Home School: _____

Do you have a sibling currently enrolled in the Dual Language Program? (Yes/No) _____

If "yes", at which school is the sibling enrolled? _____

Have you pre-registered for kindergarten for the 2024-2025 school year? (Yes/No) _____

***In order to be included in the application lottery Urbana School District 116 must also receive your kindergarten pre-registration information by May 3rd, 2024.**

Is a language other than English spoken in the home?

Yes: _____ What language? _____

No: _____

Does your child speak a language other than English?

Yes: _____ What language? _____

No: _____

PARENT/GUARDIAN INFORMATION:

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 the Dual Language program for my child starting in the next school year, 2024-2025. If my child is enrolled into the Dual Language program, given the nature of the development of a second language, our family is committed to supporting our child in the Dual Language Program for a period of at least 5-6 years. Signing below indicates that you agree to this commitment.

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.