School Use Only
Date Received:
Confirmation Sent:

## French Dual Language Application for the 2025-2026 School Year



Name of Student:	Female	: маге	:
Grade Level (as of 9/1/2025): _	Home School	·	
Do you have a sibling currently of	enrolled in the Dual Language F	Program? (Yes/No)	
If "yes", at which s	chool is the sibling enrolled?		_
	dergarten for the 2025-2026 sc n the application lottery Urba ation information by April 23	ana School District 1	
Is a language other than English	spoken in the home?		
Yes: What language?			
No:			
Does your child speak a languag	e other than English?		
Yes: What language?			
No:			
PARENT/GUARDIAN INFORMA	ATION:		
Guardian's last name	Guardian's first name	Email Address	
Guardian's last name	Guardian's first name	Email Address	
Student address:			
(street)	(0	city)	(zip code)
Phone number:			
I am interested in signing up f year, 2025-2026. If my child i development of a second lang Language Program for a perio commitment.	s enrolled into the Dual Lang uage, our family is committed	uage program, given I to supporting our o	n the nature of the Child in the Dual
Parent/Guardian Signature		Date	

## DEADLINE TO BE TURNED IN IS ON OR BEFORE: WEDNESDAY, April 23rd, 2025

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.