

Spanish Dual Language Application for the 2025-2026 School Year

School Use Only	
Date Received:	
Confirmation Sent:	

Name of Student:	Female	e: Male: _	
Grade Level (as of 9/1/2025): _	Home School	:	
Do you have a sibling currently	enrolled in the Dual Language	Program? (Yes/No)	
If "yes", at which s	school is the sibling enrolled? _		
	dergarten for the 2025-2026 so in the application lottery Urb ation information by April 23	ana School District 11	
Is a language other than English	spoken in the home?		
Yes: What language?			
No:			
Does your child speak a languag	ge other than English?		
Yes: What language?			
No:			
PARENT/GUARDIAN INFORM	ATION:		
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 year, 2025-2026. If my child development of a second lang Language Program for a perio commitment.	is enrolled into the Dual Lang guage, our family is committe	guage program, given t d to supporting our ch	the nature of the lild in the Dual
Parent/Guardian Signature		Date	

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