



Application to the Dual Language Program

Date of application: ____ / ____ / ____
MM DD YYYY

Grade (as of 9/1/22): _____

Child's Name: _____, _____ Date of birth: ____ / ____ / ____
Last First MM DD YYYY

Address: _____
Street City State Zip

Daytime Telephone: (____) _____ - _____ Email: _____

Home School: John Adams
 Other (out of zone): _____

OUT OF SCHOOL ZONE APPLICANTS MUST SUBMIT A PROGRAMMATIC TRANSFER REQUEST ALONG WITH THIS APPLICATION.

What is the student's primary language (the language most frequently spoken with the child at home)?

What additional language(s) are spoken with the child at home?

- English Spanish
- Amharic Arabic

- English Spanish None
- Amharic Arabic

Other: _____

Other: _____

Has this child previously been enrolled in Spanish-language academic instruction (e.g., a dual language or bilingual program in the U.S. or a school in a Spanish-speaking country?)

- No
- Yes _____

Name of School State/Province Country

Dates: from _____ to _____ Grade levels attended: _____

List any siblings currently enrolled in the Dual Language Program at the school to which you are applying:

Name(s)	Grade Level(s) 2022-23

I am interested in applying to the Dual Language program for my child starting in **school year 2022-23**. If my child is accepted in 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 at minimum through the end of Grade 5. Signing below indicates that I agree to this commitment.

I agree to receive email communications from other dual language parents.

Parent/Guardian Name

Signature

Admittance to the Dual Language Program will be approved based on capacity. Lottery placements will be utilized only if the program is over capacity as of June 15th. Otherwise, all students who register up to June 15th will be allowed entry. After June 15th, if there is still capacity, students will be admitted on a first-come/ first-served basis.

INSTRUCTIONS

For applicants residing within the John Adams school zone

Submit this form to the school registrar when you register your child for school.

For applicants residing out of zone

1. Register your child at his or her home school.
2. Submit this form to the John Adams registrar along with an administrative transfer request.

School Use Only

- EL
- Sibling

Late entry
Literate in Spanish Y N

Primary Language:

- Spanish
- English
- Other: _____

Out of Zone
Administrative Transfer request submitted
Date: ___/___/___

Received by:

Date/Time: