



San José Unified School District

River Glen Middle Two Way Bilingual Immersion (TWBI) Program Application

School Year

Student Last Name: _____ First Name: _____

Birthdate: _____ Gender: Male Female Grade Level: _____

Current School Assigned: _____ Student Number: _____

Next Year School Assigned: _____

Do you have other children at the school requested? Yes No TWBI program? Yes No

Last Name: _____ First _____ Birth date: _____ Grade: _____

By submitting this application, your child is NOT GUARANTEED a placement in the TWBI program at River Glen. Parent can expect to be notified by third week of May.

Parent/Guardian Last Name: _____ First Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Parent's Email Address: _____@_____

Parent/Guardian Signature: _____ Date: _____

***** OFFICE USE ONLY *****

** Enrollment Center
NBR: _____
Staff Initial: _____ Date Received: _____
TWBI Program confirmed by: _____ Date: _____
Date sent to Student Assignment: _____

** Student Assignment
Approved: _____
Wait List Number: _____
Date: _____
<input type="checkbox"/> COA – Student in TWBI and has moved to a new NBR: _____