



Nueva Visión Spanish Immersion Application Form School Year _____
 Lowell Elementary-Duluth Public Schools ISD #709
 2000 Rice Lake Rd- Duluth, MN 55811

Please complete all sections of the registration form and return it to **Lowell Elementary**. Parents of students selected in the application process will be contacted by phone/letter.

Student Information

Last name	First name	Middle
Street Address	City	State
Zip code		
Birthdate (month/day/year)	Duluth Public Schools ISD #709 Attendance School	
Other language familiarity: Child: <input type="checkbox"/> none <input type="checkbox"/> words <input type="checkbox"/> phrases <input type="checkbox"/> fluent Language(s) _____ Family: <input type="checkbox"/> none <input type="checkbox"/> words <input type="checkbox"/> phrases <input type="checkbox"/> fluent	Grade applying for: <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st	
Sibling(s)		
<input type="checkbox"/> Yes: Applying to or currently enrolled in NVSI Immersion Program		<input type="checkbox"/> No siblings applying or enrolled
Name(s): _____		Grade(s) _____
<input type="checkbox"/> Yes: Transferring to Lowell Elementary from _____ (Elementary school) <i>*transfer spaces for siblings not in the immersion program will be limited based on current grade level size.</i>		
Name(s) _____		Grade(s) _____
Does this student have an IEP or is currently in evaluation for an IEP <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of the caseworker _____		
Has this student completed Early Childhood Screening <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____		

Parent/Legal Guardian Information (*indicates primary contact)

*Last name	First name	Relationship
Last name	First name	Relationship
Mailing Address (if different from above)		
Parent/Guardian Email Address(es)		
Primary Phone #		Secondary Phone#

Parent/Guardian Signature

Date
