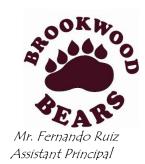


Dual Language Program Application 2024-2025

Brookwood Elementary School

16850 Middlebrook Dr. Houston, Texas 77059 (281) 284–5600 Fax (281) 284–5605



Mrs. Kathy Gouger Principal

Name of Child:		☐ Male	☐ Female
Date of Birth:	Current Age:		
Name of Parent(s)/Guardian(s):			
Mailing Address:			
City, State, Zip:			
Home Phone:	Work Phone:		
Cell:	E-mail:		
Child's attendance zone school:			
What language does your child speak i	most often?		
What other languages are spoken in the	e home?		
Did your child attend pre-k/pre-school	? □Yes □No If so, when	re?	
Other children at home:	Age: School:		
			_
Siblings that participate in FLEP or Duparticipation:	ual Language program at l	Brookwood and	l dates of
I give permission for my child to be ad program eligibility. CCISD employees my child to the testing site on the scheetesting room, but my child's test result	will complete the testing duled testing date. Parents	. I understand to s will not be all	hat I must bring
Parent Signature		Date	