



## District 20 Dual Language Program Parent/Guardian Interest Form for 2024-2025 School Year

School Name: \_\_\_\_\_

Date: \_\_\_\_\_

***I am interested in enrolling my child in the D20 Kindergarten Dual Language Program for the 2024-2025 school year.***

D20 Dual Language Program is an academic program that enhances the development of bilingualism, biculturalism, and biliteracy so that students will graduate ready for college, career, and life in a global competitive economy.

**District 20 Dual Language Program Goals:**

- Students will participate in a rigorous academic program that accelerates their learning.
- Students will develop a high linguistic proficiency in two languages.
- Students will develop a high academic proficiency in two languages.
- Students will develop positive cross-cultural attitudes.

**Teachers and Administrators commit to:**

- Set high academic expectations, which will engage all students in preparation for college success.
- Engage parents in the learning process to ensure success for each student.
- Instruct both Spanish-dominant children and English-dominant children in the same classroom since this interaction is vital to the two-way immersion concept.
- Prepare and deliver instruction in two languages in order to consistently challenge student learning and achievement.
- Assess for language proficiency in English and Spanish along with other yearly academic assessments.

***As a parent, I am interested in having my child participate in the Dual Language Program. If my child is admitted to this program, I agree to:***

- I will encourage and support my child to do his/her best every school day.
- I will attend parent conferences, workshops, and support the school and dual language program by participating in school activities.
- I will help my child at home with developing literacy and content knowledge.
- I will ensure that my child attends school every day and arrives on time.
- I will communicate with the classroom teacher.
- I understand that second language acquisition is a multiyear process, which has benefits for my child's elementary school experience.

***I understand the information given regarding the District 20 Dual Language Program, and I am interested in continuing with the Application Process for my child. If my child is admitted to the program, I agree to commit and support my child in the Dual Language Program as outlined above.***

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian First and Last Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_