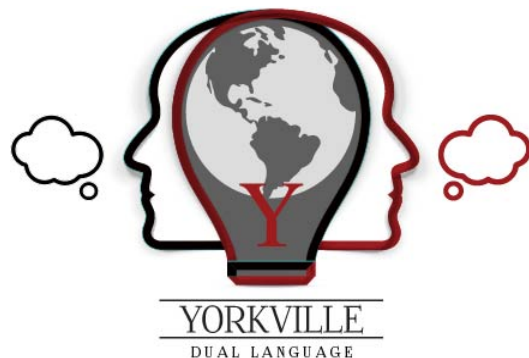


Administrative Center · 800 Game Farm Road · Yorkville, Illinois 60560 · 630-553-4382 · y115.org

## DUAL LANGUAGE PROGRAM

PLEASE RETURN BY **Friday, April 26, 2024**



Dear Parents,

This form serves as an application for admittance into the Dual Language Program. Please return this completed form to Paige de la Cruz at 604A Center Pkwy, Yorkville, IL 60560 or via email at [pdelacruz@y115.org](mailto:pdelacruz@y115.org).

Student Name \_\_\_\_\_  
(First) (Middle) (Last) (Gender)

Date of Birth (month/day/year) \_\_\_\_\_

Student Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Cell/Other) \_\_\_\_\_

Home School \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Parent(s) E-Mail Address \_\_\_\_\_

Is a language other than English spoken in your home? If so, which? NO YES, \_\_\_\_\_

Siblings in the Dual Language Program

Name \_\_\_\_\_ School ACES YIS YMS YHS Grade/Age \_\_\_\_\_

Name \_\_\_\_\_ School ACES YIS YMS YHS Grade/Age \_\_\_\_\_

Name \_\_\_\_\_ School ACES YIS YMS YHS Grade/Age \_\_\_\_\_

Yes, I give permission to CUSD #115 to share my contact information with the Bilingual Parent Advisory Council (BPAC) for outreach purposes. (Dual Language Advocacy, summer picnics, and other opportunities to meet families in the program etc.)

**PLEASE RETURN BY Friday, April 26, 2024**

**Dual Language Program  
Parent Commitment Form**

---

Parent(s)/Guardian(s) Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Home School \_\_\_\_\_

I am requesting that my child be enrolled in the Dual Language Program. I understand that in addition to space availability, the enrollment of my child is conditional on my understanding of and commitment to the following:

1. Since success in a Dual Language program requires consistent instruction over time, I intend to support my child and commit to the Dual Language program up through at least 3<sup>rd</sup> grade.
2. I understand that instruction will be in Spanish for 80% of the school day in kindergarten & first grade, 70% in second grade, 60% in third grade, 50% from fourth to sixth grade, and for two of the required courses in seventh and eighth grade.
3. I understand that this program is currently available at Autumn Creek Elementary School (K-3), Yorkville Intermediate School (4-6), Yorkville Middle School (7-8), and with DL optional programming at Yorkville High School (9,10)
4. I understand children enrolled in the Dual Language program will remain together through sixth grade.
5. I understand that parents will need to read with their child 20-30 minutes daily in their home language.
6. I will consult with teachers and administration for additional strategies to support my child to increase success in the Dual Language program.
7. I understand that it is common for students to use and mix both languages to varying degrees as a natural part of second language development, and that this does not represent confusion or delay.
8. I understand it is not unusual for children to experience some fatigue or frustration during the first months of the program. Knowing this, I will not remove my child from the Dual Language program because of these reasons.
9. I will participate in Dual Language events to my ability, and support the program and the classroom teachers.
10. I will develop an understanding of dual language education.
11. I will encourage the use of the target language outside of school.
12. I will enjoy the challenges and celebrate the results!

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete both sides of this form and return to Paige de la Cruz at 604A Center Pkwy, Yorkville, IL 60560 or via email at [pdelacruz@y115.org](mailto:pdelacruz@y115.org) no later than **Friday, April 26, 2024**.

---

*(Office Use Only)*

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

Indicate one: Accepted \_\_\_\_\_ # \_\_\_\_\_ **OR** Put on Wait List \_\_\_\_\_ # \_\_\_\_\_