



District 20 Dual Language Program Parent/Guardian Interest Form for 2025-2026 School Year

School Name: _____

Date: _____

I am interested in enrolling my child in the D20 Kindergarten Dual Language Program for the 2025-2026 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: _____