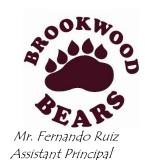


Dual Language Program Application 2025-2026

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 spo	eak most often?		
What other languages are spoken i	n the home?		
Did your child attend pre-k/pre-scl	hool? □Yes □No If so, whe	ere?	
Other children at home:	Age: School:		
Siblings that participate in FLEP oparticipation:	or Dual Language program at	Brookwood and	d dates of
I give permission for my child to be program eligibility. CCISD employmy child to the testing site on the stesting room, but my child's test re-	yees will complete the testing scheduled testing date. Paren	g. I understand t ts will not be all	that I must brin
Parent Signature		Date	