



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

Mr. Fernando Ruiz
Assistant 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 most often? _____

What other languages are spoken in the home? _____

Did your child attend pre-k/pre-school? Yes No If so, where? _____

Other children at home: Age: School:

Siblings that participate in FLEP or Dual Language program at Brookwood and dates of participation:

I give permission for my child to be administered an oral language proficiency test to determine program eligibility. CCISD employees will complete the testing. I understand that I must bring my child to the testing site on the scheduled testing date. Parents will not be allowed in the testing room, but my child's test results will be discussed with me.

Parent Signature

Date

Please turn in this application to the school office or send via mail or fax to Fernando Ruiz by February 3rd, 2025 by 3:45 PM.