



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

**Interest Form for Dual Language (DL)  
Transitional Kindergarten and Kindergarten Program**

Student's Name: \_\_\_\_\_ Grade Requesting: \_\_\_\_\_

<b>Student's Information</b>	Currently Attending _____
Gender: _____ Date of Birth: ____/____/____	DLI School's Name/City _____
<b>Attach Proof of Attendance – Must be a Spanish/English DI Program to Have Priority</b>	

<b>Family Information</b>		
Address: _____	City: _____	Zip Code: _____
Home Phone: _____	Email: _____	
Parent #1/Guardian #1: _____	Contact Number(s): _____	
Parent #2/Guardian #2: _____	Contact Number(s): _____	

<b>Preschool/Transitional Kindergarten (TK) Experience</b>
1. Has your child attended preschool, Transitional Kinder (TK) or other early childhood education classes? If you responded yes, answer question #2. Yes ___ No ___
2. Name of Preschool/TK _____ City & State of Preschool/TK _____
3. How long was your child enrolled at this Preschool/TK? From: _____ To: _____
4. Does your child have an active Individualized Education Plan (IEP)? Does your child receive Special Education Services? Yes ___ (Must Attach a Copy) No ___

<b>Family Language Survey</b>
1. What is your child's dominant language? Write the name of the language _____
2. Which language is your child <b>most likely</b> to use with siblings and friends? _____
3. What language(s) does <b>Parent #1/Guardian #1</b> speak (circle the strongest language)? _____
4. What language(s) does <b>Parent #2/Guardian #2</b> speak (circle the strongest language)? _____

<b>Employee Status</b>
1. Does either parent/legal guardian work for the Ontario-Montclair School District? Yes ___ No ___ If so, name the work location: _____

<b>Other Siblings</b>
1. Were or are any of these siblings in a DLI Program? _____ If yes, which school? _____
2. List all siblings and their ages: _____ _____

<b>Personal Statement</b>
Why do you want your child to participate in the DI Program? _____ _____ _____