

Ogden City School District
Application for Spanish Dual Language Immersion Program

School Year Requested: _____ Grade Requested: 1st or 2nd (for 3rd 4th 5th 6th – contact school)

School Requested for student to attend Dual Immersion Program: _____
(Bonneville or T.O. Smith Elem)

Parents are responsible to provide transportation to the school the student will attend for the Dual Immersion Program.

Note: Any falsification or misrepresentation of the requested information will result in the cancellation of this request.

1. Student's Name _____ Date of Birth _____ Age: _____
2. Student's Legal Address: _____

3. Parent/Legal Guardian Name: _____ Address: _____ City: _____ Home Phone: _____ Cell: _____ Work Phone: _____
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4. Will student reside with someone other than a parent or legal guardian? Yes No
Their Name: _____ Home Phone: _____
Address: _____ City: _____
5. School student is currently attending _____ Grade: _____
6. Has the student ever attended Ogden City School District? Yes No
Name of School: _____ Year Attended: _____
7. Has the student participated in another Dual Immersion program? Yes No
Name of School _____ Year Attended _____

I hereby certify all information is true and correct to the best of my knowledge.
Falsification of information will result in the cancellation of this application.

Dated this _____ day of _____, 20____. _____
(Parent/Legal Guardian Signature)

Comments: _____
The final decision for placement should be made in the best interest of the student provided the decision does not inappropriately impact the home school or the receiving school's enrollment, program, or space.

For Office Use Only

Current School Official: Is the student currently receiving any of the following services:
 Special Education 504 Accommodations Alternative Language Services Youth in Custody
If you have checked any of the above boxes, please specify the special services needed.

Current Administrator's Initials

Requested School Administrative Action:
 Approved Denied Provisional based on attached agreement

Conference with Request School Principal: _____ Date: _____
(Administrative Signature)

Spanish Dual Language Immersion Program (DLI) Parent Commitment Form

Student's Name _____ Date _____ Parent/guardian's Name _____

I am requesting that my child be enrolled in the Dual Language Immersion Program at _____ school for the _____ school year. I understand that the enrollment of my child is conditional upon availability and my commitment to the following:

Please **read and initial** each of the following statements/agreements and sign at the bottom of the document.

_____ *I understand that regular and punctual student attendance is required to retain placement in the DLI program.*

_____ *I commit to regular and punctual student attendance if they are accepted in the DLI program.*

_____ *I understand that a **long-term** commitment is required in order to take advantage of all the benefits the program offers. I can declare that I do not anticipate moving schools before my student finishes sixth grade in DLI.*

_____ *I understand that acceptance to the DLI program is from 1st through 12th grade. Transfer to other DLI programs is only possible in case of a change of residence.*

_____ *I understand that children enrolled in the DLI program will remain together from 1st through 12th grade.*

_____ *I understand that my student will receive 50% of the core instruction in Spanish and the other 50% in English.*

_____ *I understand that Spanish is the only language spoken by the teacher and adults in the Spanish classroom.*

_____ *I understand that students are **expected to speak only Spanish** in the Spanish classroom in **grades 2nd through 12th**. Students in **1st grade** will **speak only Spanish** starting on **January 15th**.*

_____ *I understand it is my responsibility to change my address at the district and the school, and seek permission for continued enrollment if I move out of the school boundary.*

_____ *I understand that learning a second language is a slow process and that the program has cross-cultural goals as well as linguistic and academic goals.*

_____ *I understand it is not unusual for children to experience some fatigue, tears and/or frustration during the first months of the program. Knowing this, I will be patient and supportive of my child during this transition time, and I will not remove my child from the DLI program because of these reasons.*

_____ *I understand that parent participation and support with my child's first language and other areas is important to the success of this program.*

_____ *Once enrolled in the DLI program, if my child is not making adequate progress in the program, I will meet with the DLI teachers to discuss a proper plan of intervention.*

_____ *I understand that I will provide transportation to the DLI school for my child if we live outside of the school boundaries.*

I understand/ I am committing to the DLI program in Ogden Scholl District until 12th grade.

Parent/guardian Signature: _____

Date _____