

DUAL IMMERSION PROGRAM APPLICATION

2014-2015

Eligible Students: Rising Kindergarten students for 2014-2015 Rising First Grade students for 2014-2015 Application Window: March 3 – March 28, 2013 Application Deadline: March 28, 2013

DEMOGRAPHIC INFORMATION

Student Name

Last:	First:		Middle:	
Age:	Date of Birth (D/M/Y):		Gender: Female Male _	
Parent(s)/ Gua	ardian(s) Name(s):			
Address:				
City:		State:	Zip Code:	
E-Mail Addres	ss:			
Home #:	Cell #:		Work#:	
Student's Prin	nary Language: EnglishYes	No	SpanishYesNo	
Primary/Othe	r Languages Spoken in the Home	with Fluency:	····	
Your Zoned So	chool:			
Sibling Transfe	er Request: Are you interested	d in transferring	additional sibling to this school YES	NO
Name:	Grade:	D/Birth:	Current School:	
Name:	Grade:	D/Birth:	Current School:	
Name:	Grade:	D/Birth:	Current School:	
Name:	Grade:	D/Birth:	Current School:	
	,		n Atlanta Public Schools is a 50/50 mo and does not guarantee my child's ad	
Please indic	ate your first and second cho	oice with 1 or	2 in the blank space	
Perke	rson Elementary School	D. H	. Stanton Elementary School	
2040	Brewer Blvd., SW 30315	970	Martin Street, SE; Atlanta, GA 30	315
Parent/Guard	ian Signature:		Date:	
Parent/Guard	lian Signature:		Date:	



Date: _____

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PARENT COMMITMENT FORM Spanish Dual Language Immersion Program

Pa	rent Name:
Ch	ild's Name:
I a	m requesting that my child be enrolled in the Spanish Dual Language Immersion Program at Elementary. I understand that the enrollment of my child is conditional
on	my understanding of and commitment to the following, along with space availability:
1.	Children enrolled in the Spanish immersion program will remain together in Kindergarten through fifth grade.
2.	I understand that parents need to read to their child at home 20-30 minutes daily in English.
3.	Since success in an immersion program requires consistent instruction over time, I intend to support my child in the Spanish immersion program from now through fifth grade.
4.	I understand that instruction will follow the 50/50 Model beginning in kindergarten.
5.	I will support the program by encouraging biliteracy and bilingualism.
6.	I understand attendance is of key importance and commit to having my child arrive at school on time and attend school except for illnesses and family emergencies.
7.	I will consult with teachers and administration for additional strategies to support my child to increase success in the Spanish immersion program.
8.	Once enrolled in the Dual Language Immersion Program, any academic/behavior concerns will be addressed with the principal. Appropriate interventions will be implemented. If documented interventions are unsuccessful, a formal conference with the principal, parents, student, and teachers will take place.
9.	If I withdraw my child from the Dual Language Immersion Program and I do not reside in the attendance zone, I understand that I must enroll my child in his/her zoned school.
Pa	rent/Guardian Signature:
Da	ate:
Pa	rent/Guardian Signature: