Department of English Language Learner Services

North Chicago Community Unit School District #187

School Use Only Date Received: __/__/___ Received by: _____

Two-Way Immersion Application

Name of Student: _____ Date of Birth: ____/____/_____

Female: _____ Male: _____

Future Home School (as of 8/2018): ☐ ***Alexander*** ☐ ***Forrestal***

Does the student have a sibling who is currently enrolled in an E.L.L. program? Yes: ____ No: _____

Child's name: _____

Is a language other than English spoken in the home? Yes: __ No: __ What language? _____

Does your child speak a language other than English? Yes: __No: __ What language? _____

Parent/Guardian Information:

_____	_____	_____	(___)_____
Guardian's last name	Guardian's first name	Email Address	Phone Number
_____	_____	_____	(___)_____
Guardian's last name	Guardian's first name	Email Address	Phone Number

Student's Home Address:

_____

(street) (city) (zip code)

I am interested in signing up for the Dual Language program for my child starting in the next school year, 2018-2019. If my child is enrolled into the Dual Language program, given the nature of the development of a second language, our family is committed to supporting our child in the Dual Language program for a period of at least 5-6 years. Signing below indicates that we agree to this commitment.

_____ _____

Parent/Guardian Signature Date

DEADLINE: Please submit no later than March 1, 2018

This form serves the purpose of identifying students whose parents want them to enroll in a Dual Language program. In order to ensure that all applicants are considered, parents/legal guardians must turn in this application form in person into the student's home school by the deadline. Please keep a signed copy of this application. Completion of this form ***does not guarantee*** placement in the Dual Language program. Please await confirmation.