2023-2024 MEMORIAL ELEMENTARY REGISTRATION PROCESS

Thank you for your interest in Memorial Elementary!

Registration is for NEW zoned K-5th grade students (and Pre-K who have been offered a seat) who want to enroll for the 2023-2024 school year. Students MUST be zoned to Memorial Elementary.

- **Step 1:** Verify that your home address is within the Memorial Elementary zone: [http://schoolfinder.houstonisd.org](http://schoolfinder.houstonisd.org)

- **Step 2:** Register with HISD online at [http://houstonisd.org/enroll](http://houstonisd.org/enroll). Click on “New Student” on the right side of the page. Please ensure to select the 2023-2024 school year. The following documents MUST be uploaded to the portal under the correct tabs:
  - Child’s birth certificate
  - Child’s social security card (*This should be uploaded into “Other”*)
  - Child’s immunization record
  - Proof of address
  - Parent ID

**ALL DOCUMENTS MUST BE UPLOADED TO THE ENROLLMENT PORTAL.**

- **Step 3:** Please complete additional required school forms. A PDF of the forms will be attached to this document, and paper forms will also be available in-person at Memorial.

  *All enrollment applications will be reviewed and processed accordingly. Updates regarding your child’s enrollment application will be sent to the email address that was used to submit the enrollment.*

  *Appointments are not necessary. Registration is open Monday-Friday (unless HISD is closed) from 8:00 A.M. – 12:00 P.M.*

**AGE REQUIREMENT:** A child MUST be 5 years old on or before September 1st to enroll into Kindergarten in Texas.

**DOCUMENTS TO BRING TO REGISTRATION (if applicable):**

- Most recent report card (1st - 5th grade)
- Withdrawal form
- Gifted & Talented identification matrix
- LEP/ESL/504/IAT/IEP/Special Education documents
- Official legal documentation (*custody paperwork, divorce decree, etc.*)
- Private testing or reports

Please contact our registrar, Ms. Sanchez, at (713)-867-5150 or [Jazmin.sanchez@houstonisd.org](mailto:Jazmin.sanchez@houstonisd.org) for questions or assistance.
Memorial Elementary School
A Dual Language and International Baccalaureate Candidate School
6401 Arnot Houston, TX 77007
Phone (713) 867-5150
Principal Jose Hilario Cordova

2023-2024 Student Background Information Form

Student Last Name: __________________________  First Name: __________________________  2023-2024 Grade: ______

Has this student ever attended an HISD school?  ☐ Yes  ☐ No

If answered No above, has the student ever attended a Texas school?  ☐ Yes  ☐ No

List previous 2 schools attended starting with the most current school/daycare attended. **1st-5th grade students MUST have most recent report card to be placed in a class. A withdrawal form is required if entering mid-year.**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City, State</th>
<th>Phone Number</th>
<th>Grade(s)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

If this student took the HISD Gifted & Talented/Vanguard/Magnet test, did they qualify?  ☐ Yes  ☐ No

At which HISD school did the student test? __________________________  Approximate date: __________

*Please attach the GT Matrix to this form even if they did not qualify. If your child was tested privately or at a non-HISD school, please attach test/report results to better aid us in class placement.*

Has your child ever been in/received services for:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESL/ELL/EL/LEP/BIL/DL/EB Program and/or screened in Texas?</td>
<td></td>
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<tr>
<td>Tested for a learning disability?</td>
<td></td>
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<tr>
<td>FIE/IEP/Special Education?</td>
<td></td>
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<tr>
<td>504?</td>
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<tr>
<td>Speech Therapy?</td>
<td></td>
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<tr>
<td>IAT?</td>
<td></td>
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<tr>
<td>Diagnosed with dyslexia?</td>
<td></td>
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<tr>
<td>Diagnosed with ADHD or displays similar behavior?</td>
<td></td>
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<tr>
<td>Any other special program or services (OT, PT, etc.)? If so, please describe:</td>
<td></td>
</tr>
<tr>
<td>Retained? If so which grade(s):</td>
<td></td>
</tr>
</tbody>
</table>

*Please submit any pertinent paperwork if answered “YES” to any questions above.*

Parent/Legal Guardian Signature __________________________  Date __________
HOME LANGUAGE SURVEY
19 TAC Chapter 89, Subchapter BB, §89.1215
(Home Language Survey applicable ONLY if administered
for students enrolling in prekindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN
PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas
requires that the following information be completed for each student who enrolls in a Texas public school
for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language
information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual or English as a Second Language program services,
please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must
conduct an assessment to determine how well your child communicates in English. This assessment
information will be used to determine if Bilingual or English as a Second Language program services are
appropriate and to inform instructional and program placement recommendations. If you have questions
about the purpose and use of the Home Language Survey, or you would like assistance in completing the
form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:
https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-
ReclassificationFlowchart.pdf

This survey shall be kept in each student’s permanent record folder.

NAME OF STUDENT: ___________________________ STUDENT ID #: __________________
ADDRESS: __________________________________ TELEPHONE #: __________________
CAMPUS: __________________________________

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is used in the child’s home most of the time? __________________________

2. What language does the child use most of the time? __________________________________

Signature of Parent/Guardian ___________________________ Date __________________

Signature of Student if Grades 9-12 ___________________________ Date __________________

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if:
1) your child has not yet been assessed for English proficiency; and
2) your written correction request is made within two calendar weeks of your child’s enrollment date.
Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. United States Federal Register (71 FR 44866)

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

☐ Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ Not Hispanic/Latino

Part 2. Race: What is the person's race? (Choose one or more)

☐ American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

☐ Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black or African American - A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

<table>
<thead>
<tr>
<th>Student/Staff Name (please print)</th>
<th>(Parent/Guardian)/(Staff) Signature</th>
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<th>Student/Staff Identification Number</th>
<th>Date</th>
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HOUSTON INDEPENDENT SCHOOL DISTRICT

SOCIOECONOMIC INFORMATION FORM
Complete and return one form to each school where you have a child enrolled. Print using a pen.

*CONFIDENTIAL* - For HISD purposes only

Houston ISD is required to collect the socioeconomic status of each student as a performance indicator for student achievement (TEC § 39 for Texas state requirements and ESEA §§1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA §1113). This information is not shared with outside agencies.
It is very important that families complete this socioeconomic form in order for schools to receive Title I and State Compensatory Education funding. This funding will directly benefit your child's school. Title I and State Compensatory Education funding can be used to hire personnel, provide tutoring services, order technology, and provide professional development for teachers. We want to continue to provide these necessary learning supports, but without your assistance we may not be able to.

STEP 1 (List all Houston ISD students in the household)

<table>
<thead>
<tr>
<th>Student ID (office use only)</th>
<th>First Name</th>
<th>Last Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>School Name</th>
<th>Grade Level</th>
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STEP 2

Do you receive Supplemental Nutrition Assistance (SNAP)? ☐ YES ☐ NO

Do you receive Temporary Assistance to Needy Families (TANF)?
If you answered YES on either of the above, skip Step 3 and continue to Step 4.
If you answered NO on both of the above, you must complete Steps 3 and 4.

STEP 3 (Complete only if all answers in Step 2 are NO)

How many total members are in the household (include all adults and children)? __________

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF ALL HOUSEHOLD MEMBERS __________
Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment, and all other sources of income (before any type of deductions)

STEP 4 (Check one of the following two boxes as appropriate and sign below.)

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent, or legal guardian.

☐ I certify that all the information on this form is true. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

☐ I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

HISD External Funding Department | June 2023
Military Connected Families Survey

All information MUST be completed by parent, school personnel or community liaison.

School __________________________ Date ________________________

Student Name ___________________________ HISD ID# ______________

Dear Parent or Guardian,

The State of Texas requires schools to collect data relating to the enrollment of military-connected students. This collection is done to allow educational institutions the ability to monitor critical elements of education success for children who are dependents of military personnel, and show the state’s commitment to military personnel and their children.

For students in grades Kindergarten through 12:

1. The student is a dependent of an active duty member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard
   □ Yes □ No

2. The student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)
   □ Yes □ No

3. The student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)
   □ Yes □ No

For pre-kindergarten students only:

4. The student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.
   □ Yes □ No
HOUSTON INDEPENDENT SCHOOL DISTRICT

STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

All information MUST be completed by parent, school personnel or community liaison.

School ___________________________ Date ___________________________

Student Name ___________________________ Date of Birth ___________________________ HISD ID ___________________________

Current Address ___________________________ Grade ___________ □ Male □ Female

Lives with: □ Both Parents, □ Mother, □ Father, □ Legal Guardian, □ Caretaker/Relative without legal guardianship, □ Other relation

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)? □ Yes □ No

If Yes – name of DFPS Case Manager: ___________________________ Contact information: ___________________________

Was the student previously in the conservatorship of the Department of Family & Protective Services (Foster Care)? □ Yes □ No

Please complete the Current Housing Situation AND Background Situation sections below to determine McKinney-Vento eligibility:

Part A: CURRENT HOUSING SITUATION – Check the student’s current housing situation

I CURRENTLY LIVE:

□ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable).

□ My home has no electricity □ My home has no running water

OR I CURRENTLY LIVE IN A TRANSITIONAL HOUSING SITUATION:

□ Living in a shelter □ Living in a motel or hotel

□ Living with more than one family in a house or apartment (Doubled-up) due to economic hardship

□ Unsheltered

□ Moving from place to place □ Living in a structure not usually used for housing □ Living in a car, park, campsite, camper, or outside

UNACCOMPANIED YOUTH: □ Yes □ No (An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian.)

Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above - please Check ANY below that apply)

□ Catastrophic illness / medical expenses / disability □ Natural disaster / evacuation

□ New to Town □ Domestic issue

□ Loss of Employment □ Migrant work in fishing or agriculture

□ Economic hardship/low earnings □ Awaiting placement in foster care / CPS custody

□ Evicted/kicked out □ Parent(s) involved in military deployment

□ House fire or other destruction □ Parent Incarcerated/Recently released from incarceration

Part C: NEEDED SERVICES – based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

□ Enrollment Assistance □ Transportation □ Emergency Clothing, Uniforms

□ Free Lunch/Breakfast (Child Nutrition) □ School Supplies □ Personal Hygiene Items

□ Immunizations □ Medicaid/CHIP Assistance □ Food Stamps (SNAP) Assistance

□ Temporary Assistance for Needy Families (TANF) □ Other ___________________________

To the best of my knowledge this information is true and correct.

Name (PLEASE PRINT): ___________________________ Signature: ___________________________ Phone #’s: ___________________________

School Personnel: This form is intended to address the McKinney-Vento Act U.S.C. 11435. If any “Transitional Housing Situation” is checked under “Current Housing Situation” AND the family has indicated one of the “Background Situations” (1) immediately add PEIMS Coding on the At-risk Chancery panel for At-risk reason code 12, (2) code all of the McKinney-Vento Panels on that screen (the start date should be the date the form was completed and also add the end date, and (3) Email forms to HomelessEducation@houstonisd.org. If information is missing, please follow-up with the parent/guardian/school personnel who completed the form to make sure each section is completed, as needed.
REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child’s safety.

“Severe food allergy” means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

☐ No information to report.

<table>
<thead>
<tr>
<th>Food</th>
<th>Nature of allergic reaction to food</th>
<th>Life-Threatening?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD’S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: ___________________________ Date of Birth: __________________

School: ___________________________ Grade: __________________

Parent/Guardian Name: ___________________________

Work Phone: ___________ Mobile Phone: ___________ Home Phone: ___________

Parent/Guardian Signature: ___________________________ Date: __________________

Date form received by Campus: ___________________________

Health and Medical Services

February 2012
HOUSTON INDEPENDENT SCHOOL DISTRICT
HEALTH INVENTORY

SCHOOL ______________________ DATE ____________________

TEACHER _____________________ SCHOOL LAST ATTENDED __________________

Please fill in this form and return to the teacher or nurse. The information given on this form will help the school staff to have a better understanding of your child’s health needs:

Name ________________________ Sex ________ Birthdate ________________ Birth weight ________
Address ________________________ Phone ________________________________

Have you ever been told by a doctor that your child had:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Age First Identified</th>
<th>Under Doctor’s Care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td>Bone/Joint Problem</td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td>Rheumatic Fever</td>
</tr>
<tr>
<td>Blood Disorder</td>
<td></td>
<td>Surgery/Fractures</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td>T. B. Disease</td>
</tr>
<tr>
<td>Epilepsy/Seizures</td>
<td></td>
<td>Hearing Loss</td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td>Vision Loss</td>
</tr>
<tr>
<td>Kidney Disorder</td>
<td></td>
<td>Severe Menstrual Cramps</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td>Eating Disorder</td>
</tr>
</tbody>
</table>

Please check if you have observed any of the following in your child:

- □ Tired easily
- □ Earaches
- □ Wheezing, shortness of breath with exercise
- □ Frequent headaches
- □ Difficulty making friends
- □ Nail Biting
- □ Fainting
- □ Coughs frequently at night
- □ Restlessness

Has your child been seen by a doctor for any of the above? □ Yes □ No

Is your child on any kind of medication? □ Yes □ No

If so, what? ________________________________________________________________
For what condition? _________________________________________________________
Further comment ____________________________________________________________

What type of medical insurance do you carry for this child?

- □ CHIP
- □ Medicaid
- □ HCHD
- □ Private Insurance
- □ None

Please see the School Nurse (or School Principal) if your child has other needs or is:

- A pregnant or parenting teen
  and/or
- Has a severe life-threatening food allergy

Signature ________________________________________________________________

Health and Medical Services

GI/slr 3/2012
Dear Parent/Guardian:

The Houston Independent School District is assisting the state of Texas to identify students who may qualify for the Migrant Education Program to receive additional services. The information provided below will be kept confidential.

Please answer the following questions and return this form to your child’s school.

1. Have you or anyone in your household moved within the last 3 years from one school district to another in Texas or within the United States?
   
   YES ☐ (Continue to question 2)    NO ☐ (Stop here and return survey to your child’s school)

2. Were any of these moves made to find temporary/seasonal work in agriculture or fishing? (e.g., field work, canneries, dairy work, meat processing, etc.)
   
   YES ☐ (Please check all that apply below)    NO ☐ (Stop here and return survey to your child’s school)

   ![Diagram of different agricultural and fishing-related jobs]

   - Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards
   - Dairy farm
   - Fishery
   - Cannery
   - Poultry farm
   - Plant nursery, orchard, tree growing or harvesting
   - Slaughterhouse
   - Other similar work, please explain:

If you answered “yes” to the questions above, an education representative will contact you to provide additional information. Please complete the following information:

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

— FOR SCHOOL USE ONLY —
PLEASE SUBMIT THIS INFORMATION AND FORMS AT
migrantprogram@houstonisd.org

MIGRANT EDUCATION PROGRAM
4400 West 18th Street, Route 1 | Houston, TX 77092 | 713-556-7288
HISD Multilingual Programs | 713-556-6980 Fax | March 2023
SAFETY ACKNOWLEDGMENT FORM

Safety is a top priority for HISD, and the district is committed to providing a safe environment for our students and staff. Safety drills and training are conducted as required by Texas Education Code and under guidance from organizations including but not limited to the Texas School Safety Center, Safe and Secure Schools, Sandy Hook Promise, and State Code Compliance.

REQUIRED SAFETY DRILLS CONDUCTED INCLUDE:

In the event of an emergency or incident that requires reunification of students with their parents or guardians, the district has adopted the "I Love U Guys" Foundation Standard Reunification Method (SRM). The SRM provides a proven method for planning, practicing, and achieving a successful reunification. During any emergency situation the district will use multiple resources including, news outlets, social media, automated calls, and/or email to communicate with its targeted audience.

The district is committed to being proactive in emergency management and planning. This requires support and understanding. Safety starts with you. It is important to talk to your children about safety. If you see something, say something. Anonymous reporting of safety concerns, suspicious activity, student and/or workplace bullying, etc. is available to everyone by calling 713-641-7446, online via the anonymous reporting system HoustonISD.org/AnonymousReporting or by downloading the SAYSOMETHING MOBILE APP. Ensure you have the most up to date information and emergency contact at the campus level for effective communication.

I HAVE READ THE HISD SAFETY ACKNOWLEDGMENT FORM

Student Last Name  First Name  Grade

Parent or Guardian's Printed Name  Date

Parent or Guardian's Signature  Date
Houston ISD Dual Language Program
Parent Commitment Form

I would like to enroll my child in the Dual Language Program. I understand that I will receive a confirmation letter from the school indicating the status of my child’s enrollment.

The goals for Dual Language students are:

- Development of fluency and literacy in English and in an additional language. (Bilingualism)
- Demonstration of mastery in all academic areas in English and the target language. (Biliteracy)
- Promotion and development of cross-cultural sensitivity.

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Entering Grade</th>
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<tbody>
<tr>
<td>Birthdate</td>
<td>Previous School</td>
</tr>
<tr>
<td>Address</td>
<td>City/State/Zip</td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent’s Name</th>
<th>Wk Phone</th>
<th>Cell Phone</th>
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</thead>
<tbody>
<tr>
<td>Parent’s Name</td>
<td>Wk Phone</td>
<td>Cell Phone</td>
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</tbody>
</table>

Zoned to _________ □ yes □ no If not, school name: ________________

Dual Language Transfer requested □ yes □ no School name: ________________

Sibling attending _________ □ yes □ no Sibling’s name: ________________

According to dual language research, I understand that long-term participation of at least 5 to 7 years is required for the benefits of the program to be fully realized. With my signature below, I agree to the following requirements for enrollment and continuation in the program:

➢ I agree to continue enrollment of my child in the Dual Language program for the next 5 to 7 years.

➢ I agree that the following students may only enter in Kindergarten and no later than 1st grade provided that there is availability:
  ✔ Native English speakers
  ✔ Students who speak a language other than the target language

➢ I agree to provide parental support/volunteerism for a minimum of 5 hours per semester.

➢ I agree to provide encouragement and support for biliteracy and bilingualism for my child.

Signature Date

NOTE: The only official notification of enrollment will be on a school letter signed by the principal. Submission of this form does not ensure enrollment to the program.