



Gary L. Herod Elementary
 5627 Jason Street Houston, TX 77096
 ☎713-778-3315, Fax 713-556-7758
 www.houstonisd.org/HerodElem

Two-Way Dual Language Application

I would like my child to be considered for the Two-Way Dual Language Program for the 2018-2019 school year. I understand that I must turn in this application to Herod ES. I also understand that I will receive an appointment to have my child assessed and interviewed for the program. After the screening, Herod's Two-Way Dual Language Admissions Committee will meet to consider my child's application.

The goals for the Dual Language students are:

- **Acquisition and enhancement of basic communicative skills in English and Spanish. (Bilingualism)**
- **Demonstration of mastery in all academic areas in English and Spanish. (Biliteracy)**
- **Development of cross-cultural sensitivity.**

Child's Name		Grade (18-19)	
Birthdate		Previous School	
Address		City/State/Zip	
Home Phone			
Home Language		Generation	
Mother's Name		Wk Phone	Cell Phone
Father's Name		Wk Phone	Cell Phone
Zoned to Herod	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Sibling attending Herod	<input type="checkbox"/> yes	<input type="checkbox"/> no	Sibling's Name
Applying for Vanguard at Herod	<input type="checkbox"/> yes	<input type="checkbox"/> no	
<p>I also understand that due to the long term nature of the program goals, several years of participation are required for the benefits of the program to be fully realized. With my signature below, I agree to the following requirements for entrance and continuation in the program should my child be accepted:</p> <ul style="list-style-type: none"> ➤ K-5th commitment to the Dual Language Program. ➤ Minimum satisfactory conduct. ➤ We ask that parents volunteer a minimum of 10 hours per school year. 			
Signature		Date	

Required Documents for Application

- Proof of Residence
- Birth Certificate
- Home Language Survey

Students going to grades 1-5 must show documentation of previous Bilingual/Dual Language Program enrollment



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Please consider my child _____ for your Two Way Immersion Program. I am attaching the application to this letter. I understand that the program goals are:

- ❖ Fluency in communication and literacy in both English and Spanish
- ❖ Academic achievement at or above grade level in all content areas
- ❖ Appreciation and understanding of other cultures while developing positive attitude among students, their families and their communities.

I understand that, due to the long-term nature of the program goals, six years of participation are required for the benefits of the program to be fully realized.

I understand the importance of my participation and collaboration. For that reason, I agree to the student and parent's requirements indicated below:

- Collaborate with teachers in completing homework and projects
- Collaborate with programs, field trips, and other school related events
- Volunteer a minimum of ten hours per school year
- Attend to school every day
- Behave according to the school rules and agreements with at least a satisfactory conduct every grading period
- Attend an interview and a language proficiency test for qualification purpose

Parent Signature

Date

Listed below are schedule testing and interview dates. Please indicate your *first* and *second* choice. The test is going be at Herod, and you will be notified of the date and time by mail.

There will be no additional testing dates for the 2018-2019 school year. Please arrange your plans so that you will be able to attend one of the days listed below.

First Testing Round	Second Testing Round
___ Feb. 17, 2018	___ Feb. 24, 2018



HOUSTON INDEPENDENT SCHOOL DISTRICT

HOME LANGUAGE SURVEY-19TAC Chapter 89, Subchapter BB §89.1215

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's record folder.

NAME OF STUDENT _____ STUDENT ID# _____

ADDRESS _____ TELEPHONE # _____

CAMPUS _____

- 1. What language is spoken in your home **most of the time**? _____
- 2. What language does your child speak **most of the time**? _____

Signature of Parent/Guardian _____ Date

Signature of Student if Grades 9-12 _____ Date

Questionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRE/ O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante.

NOMBRE DEL ESTUDIANTE _____ #ID _____

DIRECCION _____ TELEFONO _____

ESCUELA _____

- 1. ¿Qué idioma se habla en su hogar **la mayoría del tiempo**? _____
- 2. ¿Qué idioma habla su hijo/a **la mayoría del tiempo**? _____

Firma del Padre/Madre/ o Representante Legal _____ Fecha

Firma del estudiante si está en los grados 9-12 _____ Fecha

Spanish

For school use: _____ Date Received