



Mark Twain Elementary
 7500 Braes Blvd. Houston, Texas 77025
 Phone: 713-295-5230 Fax: 713-295-5283
 www.houstonisd.org/Twaines

Two-Way Dual Language Application

I would like my child to be considered for the Two-Way Dual Language Program for the 2021-2022 school year. I understand that I must turn in this application to Mark Twain Elementary. I also understand that I will be called to set up an appointment for Spanish language testing if I mark Spanish on the Home Language Survey. I also understand that this is a lottery process.

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 I Kindergarten 2021-2022	
Birthdate		Previous School	
Address		City/State/Zip	
Home Phone			
Home Language		E-mail	
Mother's Name		Wk Phone	Cell Phone
Father's Name		Wk Phone	Cell Phone
Zoned to Twain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sibling attending Twain Dual Language	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Sibling's Name

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:

- *K-5th commitment to the Dual Language Program
- *Minimum satisfactory conduct
- *We ask that Parents volunteer a minimum of 10 hours per year.

Signature	Date
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Required Documents for Application *Students going to grades 1-5 must show documentation of previous Bilingual/Dual Language Program enrollment*

- Proof of Residence
- Birth Certificate
- Home Language Survey

All applications must be complete and emailed or turned in to the office by 3:00 p.m. **Friday, November 6, 2020.** Mailed applications must be postmarked by **Friday, November 6, 2020.**

APPLICATION IS NOT COMPLETE UNLESS REQUIRED DOCUMENTS ACCOMPANY APPLICATION

HOUSTON INDEPENDENT SCHOOL DISTRICT

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.