|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Target Language: Principal**  Spanish  Mandarin  **School Address**  **Houston, Texas ZIP**  **School Phone I School Fax**  Arabic | | | | | | | | | | | |
| **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.** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Child’s Name |  | | | | | | | Entering Grade | | |  |
| Birthdate |  | | | | Previous School | | |  | | | |
| Address |  | | | | City/State/Zip | | |  | | | |
| Home Phone |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| Parent’s Name |  | | Wk Phone | | |  | | | Cell Phone |  | |
|  | | | | | | | | | | | |
| Parent’s Name |  | | Wk Phone | | |  | | | Cell Phone |  | |
| Email: | | | | | | | | | | | |
| 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 5 to7 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 | | | | |

Required Documents for Enrollment

* Proof of Residence (lease agreement, recent utility bill, or proof of mortgage)
* Birth Certificate
* Parent’s ID (State driver’s license, state identification card, or passport)
* Student’s Immunization Records
* Non-ELL students Grades 2-5 must show documentation of previous Bilingual/Dual Language program enrollment

**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.**

**Office Use only** Date received: Time received: Received by: