|  |
| --- |
| **School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Target Language: Principal**SpanishMandarin**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: