Crosby Independent School District

State law requires that students be 5 on or before September 1, 2017 to be eligible for Kindergarten

in 2017-18.

Dual Language Two Way Immersion

**PARENT APPLICATION & CHECKLIST**

**Please Print – All pages must be completed.**

*Crosby Independent School District is offering a research-based instructional Two-Way Immersion Program. The students in the Two-Way Immersion Program will be taught 50 percent of the time in English and 50 percent of the time in Spanish in the Kindergarten classroom. If you are interested in enrolling your child, please provide the following information. This Two-Way Immersion Program application is part of a three-step program selection process. Thank you for your interest in the Two-Way Immersion Program.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student’s Last Name:** | | | | **First Name:** | | | **MI:** | | **Sex:**  **M F** | **Ethnicity:** |
| **Language Spoken at Home:** | | **Student’s Birth Date:** | | | | **School:** | | | | **Current Grade:** |
| **Parent/Guardian Name:** | | | | **Phone Number:** | | | **Email Address:** | | | |
| **Street Address:** | | | | | | | | | | |
| **City:** | **State:** | | **Zip:** | | **Student ID Number:** | | | **Teacher:** | | |

**Transfer Students**

Was the student previously identified for a Dual Language Two Way Immersion program in another school district? If yes, please complete the information below.

|  |  |
| --- | --- |
| **School Previously Attended:** | **School District:** |
| **City:** | **State:** |

**Other Crosby ISD Programs**

Is the student currently being served in another program? If yes, please complete the information below.

\*Students may be served in more than one program.

**Name of Other Program(s):**

Please consider and evaluate my child for the Dual Language Two Way Immersion Program. I understand that the evaluation does not automatically ensure placement. Therefore, I grant permission for my child to participate in the testing and evaluation required for entrance.

I understand that participation in the Dual Language Two Way Immersion is voluntary. If my child is selected for placement, I grant permission for him/her to participate.

*Please complete this packet and bring it with you on the day of your child’s scheduled testing appointment.*

|  |  |
| --- | --- |
| **Parent/Guardian Signature** | **Date** |

Directions:

Circle the number that best describes your child.

4 = My child demonstrates this trait most of the time. 3 = My child demonstrates this trait frequently.

2 = My child occasionally demonstrates this trait.

1 = My child rarely demonstrates this trait or does not have this trait.

NOTE: If you circle a “3” or “4”, please provide an example to explain your response. If no example is provided, a “2” will automatically be given for that item.

|  |
| --- |
| **1. Has unusually advanced vocabulary compared to same age or grade level peers.**  **1 2 3 4** |
|  |
| **2. Is able to express ideas in a variety of ways.**  **1 2 3 4** |
|  |
| **3. Displays a great deal of curiosity about many things; is constantly asking questions**  **1 2 3 4** |
|  |
| **4. Takes charge of his/her own learning; seeks out answers or begins projects on his/her own.**  **1 2 3 4** |

**Please share any additional information you would like for us to know about your child.**

**Please list the names of any other children in the household that are in the Dual Language Program at Crosby ISD.**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**