



Dual Language Immersion Application 2023 – 2024

Students entering 2nd grade and up for SY2024 whose primary language is English.

See APS DLI website for additional details: <https://tinyurl.com/apsDLIprogram>

Student Name

Last: _____ First: _____ Middle: _____

Age: _____ Date of Birth (MM/DD/YY): _____ Gender: Female _____ Male _____

Parent(s)/ Guardian(s) Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Home #: _____ Cell #: _____ Work #: _____

Is your child entering from another DLI program? ___ Yes ___ No If yes, name of school: _____

Location: _____ Phone Number: _____

What was the partner language of instruction used in the DLI program? _____

The Dual Language Immersion (DLI) Program model in Atlanta Public Schools is a 50/50 model. This application serves as a request for consideration of entry into the APS DLI program for students whose primary language is English or a language other than the DLI program language. Due to the language demands of the DLI program, students entering the DLI program beyond 2nd grade must have extensive experience with the DLI program partner language. It should be noted that the APS DLI program only serves students who reside within the school’s attendance zone unless the school is designated a Choice School.

This application is only considered complete when submitted with a completed APS Student Enrollment Form.

I understand enrollment of my child is conditional upon space availability, my child’s proficiency in Spanish, and my commitment to the following:

1. I understand that the district may need to assess my child’s proficiency in Spanish to determine eligibility for placement in the DLI program.
2. I understand that success in an immersion program requires consistent instruction over time and I intend to support my child’s continued enrollment in the Dual Language Immersion Program at this school.
3. I understand that content instruction in math, language arts, social studies, and/or science will be in Spanish.
4. I will support the program by encouraging my child’s biliteracy and bilingualism and sociocultural competency.
5. I will consult with teachers and administration for additional strategies to support my child’s overall success in the Dual Language Immersion Program.

Parent/Guardian Signature: _____ Date: _____

Completed applications must be submitted to your child’s school with the completed New Student Enrollment Form.

School Use Only: Enter the responses to the following questions based on information provided by parent on the New Student Enrollment Form:

What language does your child best understand and speak?*

What language does your child most frequently speak at home?*

What do adults in your home most frequently use when speaking with your child?*

*Note: Any indication of a language other than English obligates the district to screen the student for ESOL program services.