



DUAL IMMERSION PROGRAM APPLICATION

2015-2016

Eligible Students: Rising Kindergarten students for 2015-2016
Rising First Grade students for 2015-2016

Application Window: February 20 – June 19, 2015
Application Deadline: June 19, 2015

DEMOGRAPHIC INFORMATION

Student Name

Last: _____ First: _____ Middle: _____

Age: _____ Date of Birth (D/M/Y): _____ Gender: Female ___ Male ___

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

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

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

Student's Primary Language: English ___Yes ___No Spanish ___Yes ___No

Primary/Other Languages Spoken in the Home with Fluency: _____

Your Zoned School: _____

Sibling Transfer Request: Are you interested in transferring additional sibling to this school YES NO

Name: _____ Grade: _____ D/Birth: _____ Current School: _____

Name: _____ Grade: _____ D/Birth: _____ Current School: _____

Name: _____ Grade: _____ D/Birth: _____ Current School: _____

Name: _____ Grade: _____ D/Birth: _____ Current School: _____

I understand that the two-way immersion program model used in Atlanta Public Schools is a 50/50 model. I understand that this application is part of the admission process and does not guarantee my child's admission.

Please indicate your first and second choice with 1 or 2 in the blank space

_____ Perkerson Elementary School
2040 Brewer Blvd., SW 30315

_____ D. H. Stanton Elementary School
970 Martin Street, SE; Atlanta, GA 30315

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

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PARENT COMMITMENT FORM Spanish Dual Language Immersion Program

Parent Name: _____

Child's Name: _____

I am requesting that my child be enrolled in the Spanish Dual Language Immersion Program at _____ Elementary. I understand that the enrollment of my child is conditional on my understanding of and commitment to the following, along with space availability:

1. Children enrolled in the Spanish immersion program will remain together in Kindergarten through fifth grade.
2. I understand that parents need to read to their child at home 20-30 minutes daily in English.
3. Since success in an immersion program requires consistent instruction over time, I intend to support my child in the Spanish immersion program from now through fifth grade.
4. I understand that instruction will follow the 50/50 Model beginning in kindergarten.
5. I will support the program by encouraging biliteracy and bilingualism.
6. I understand attendance is of key importance and commit to having my child arrive at school on time and attend school except for illnesses and family emergencies.
7. I will consult with teachers and administration for additional strategies to support my child to increase success in the Spanish immersion program.
8. Once enrolled in the Dual Language Immersion Program, any academic/behavior concerns will be addressed with the principal. Appropriate interventions will be implemented. If documented interventions are unsuccessful, a formal conference with the principal, parents, student, and teachers will take place.
9. If I withdraw my child from the Dual Language Immersion Program and I do not reside in the attendance zone, I understand that I must enroll my child in his/her zoned school.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____