2018-2019 Elementary Two-Way Dual Language Immersion Program
Application for Participation
(Native English Speakers Only)

Please complete the following information:

Learner Name: ____________________________ Gender: M  F  Learner Birthday: _____/_____/_____  Age: ________
Last  First  Mi
Home Address: __________________________________________  Phone Number: __________________________
Email Address: ____________________________ Name of Both Parents/Legal Guardians: __________________________
Learner’s Home Campus: __________________________  Grade for the 2018-2019 school year: □ Kindergarten □ 1st Grade

My child has a sibling currently in the following Dual Language Program: Sibling’s Name:  Last ________________ First _____________
□ Kindergarten  □ 1st GR  □ 2nd GR  □ 3rd GR  □ 4th GR  □ 5th GR

My child has received or is eligible for special services? □ Yes  □ No

Please check the box next to each statement to acknowledge that you understand and agree to what is stated: Must Check All Boxes

1. My child is a native English speaker, and we reside within the Coppell ISD attendance zone.
   □ Yes
2. I understand that my child will receive instruction in both English and Spanish in the core content areas, and that my child will be in a class with a balance of English and Spanish speakers.
   □ Yes
3. I acknowledge that if we reside outside the campus attendance boundary, transportation will not be provided by the district for my child.
   □ Yes
4. I understand that the Dual Language Program requires a minimum of a six (6) year commitment.
   □ Yes
5. My child has been a student in a Spanish language or bilingual program:
   □ Yes  □ No

________________________________________________  ____________________________  _______________________
First Name  Last Name  Date

Parent Signature

If you have questions, please contact:
Patricia Cheatham  
Director of ESL and Bilingual Programs
214-496-6070  
pcheatham@coppellisd.com

For Office Use Only:

Sibling Verification: Yes____  No____
Zoned Campus Verification: ________________
Commitment Campus Verification: Yes_____  No_____  
Wait List: Yes____  No____
Please initial that you understand the following:

_____ In order to apply to the Dual Language Immersion Program, my child must reside within the Coppell ISD boundaries or as an employee of the District, I must have completed a transfer form prior to submitting my application. You will be required to provide proof of residency before the start of the school year.

_____ As the parent/guardian, I am responsible for providing my child’s transportation to Denton Creek or Wilson Elementary unless my learner is zoned to one of the dual language campuses or is an English Language Learner.

_____ If accepted into the Dual Language Program, my child and I are committing to a 6 year program from kindergarten through fifth grade.

_____ Admission into the program will be conducted through a lottery and if my child is not chosen, he/she will be placed on a waiting list.

_____ Coppell ISD reserves the right to make curriculum and operational changes regarding the Dual Language Immersion Program.

_____ A parent/guardian is strongly encouraged to attend one of the parent information meetings and if unable to do so will be governed by the policies and practices of the Coppell ISD as it relates the Dual Language Immersion program. Please check the website for dates of parent meetings.

_____ My child’s application must be turned into the Coppell Independent School District on or before March 2, 2018. The application may be delivered to the Vonita White Administration Building or it may be mailed to the attention of De Ann Sills – The Bilingual Education Office/DLI at 200 South Denton Tap Road, Coppell, Texas 75019.

Admission to the Dual Language Immersion Program shall be open to all learners on a nondiscriminatory basis, without regard to race, color, national origin, creed, gender, ethnicity, behavior, ancestry, disability or academic achievement, in accordance with the admission policy outline above.

Signature: ____________________________________________ Date: ____________________________