

# DELAVAN-DARIEN SCHOOL DISTRICT

## DUAL LANGUAGE IMMERSION PROGRAM STUDENT INTEREST FORM

Please return this form anytime before August 30th, 2015  
to the School Administration Center (SAC) 324 Beloit St., Delavan, WI.  
Phone 262-728-2642 | Fax 262-728-5954

OFFICE USE ONLY



STAMP WITH  
DATE AND TIME

*"Please fill out one Interest Form per student that you want to register in the program"*

Today's Date \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

Student's full name: \_\_\_\_\_

Gender (circle one):                      Male                      Female.

Student's address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Phone number(s):      Daytime: \_\_\_\_\_      Evening: \_\_\_\_\_

Cell phone number (s): \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact?      Phone \_\_\_\_\_      Email \_\_\_\_\_      U.S Post \_\_\_\_\_

Language spoken at home (mark all that apply): English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

First language spoken by the student: \_\_\_\_\_

Language of preference spoken by the student: \_\_\_\_\_

Primary language spoken by parents: \_\_\_\_\_

Schools previously attended: \_\_\_\_\_

Next September 2015 my child will be attending:

Pre-School (4 years old) \_\_\_\_\_ Kindergarten (5 yrs) \_\_\_\_\_

Please list all younger siblings at home and their ages (For Siblings Preference)

1. \_\_\_\_\_ Age \_\_\_\_\_

2. \_\_\_\_\_ Age \_\_\_\_\_

3. \_\_\_\_\_ Age \_\_\_\_\_

How did you learn about our Dual Language Education Program? \_\_\_\_\_

If you are interested in placing your child in the Dual Language Education Program, In which level your child need to be placed?\*\*

\*\*90/10 4K \_\_\_\_\_      80/20 5K \_\_\_\_\_

\*\*4K DLE Pre-School will be ONLY offered in the model half days AM or PM.

Parent/Guardian: \_\_\_\_\_

