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**Please return your completed survey to the school office, or the superintendent:**

Monte Woolstenhulme

Teton School District 401

PO Box 775, 445 N. Main St.

Driggs, ID 83422

Office: 208-228-5923

FAX: 208-354-2250

Email: mrw@tsd401.org

Two-Way Spanish Immersion Program–Interest Survey

**INSTRUCTIONS:** Please enter your data in the text boxes below. **All information will remain confidential** for use by school officials and the Two-Way Spanish Immersion Review Board only. Thank you.

## Date: \* C O N F I D E N T I A L I N F O R M A T I O N \*

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Names: | | | |
| Last Name: | First Name: | Relationship: | Select one to be Primary Contact |
|  |  |  |  |
|  |  |  |  |

Primary Contact Information:

Home Phone Number: ( ) - Cell Phone Number: ( ) - Email Address:

Home Address: Address No. / Street Name / Unit No. City State Zip

Local School Information:

|  |  |
| --- | --- |
| Home School District: | Home School Name: |
| Preschool Name: | City: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please list all children who might enroll in the Driggs Elementary Spanish Immersion program: | | | | | | | |
| Last Name | First Name | Birth Date | Enrollment Yr. for Kinder | Home Language(s) Spoken – √ if proficient (Language 1) (Language 2, if applicable) | | | |
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1. How did you find out about this Spanish Immersion Program *(please check all that apply)*

Word of mouth Search Engine (Google, Yahoo, etc.) Poster/Flyer from: Website: (*name)* Other: (*please specify)*

## Will you commit to enrolling your child(ren) in the Two-Way Spanish Immersion Program?

## Yes Not at this time

1. Once enrolled, will you commit to keeping your child(ren) in the Two-Way Spanish Immersion Program from Kindergarten through 5th Grade?

Yes Not able to commit

***Thank you for your interest in Driggs Elementary and the Dual Immersion Program.***

| WL Logo La Aplicacion para el WLIP | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Informacion de quien se aplica | | | | | | | | | | |
| Nombre Legal del Estudiante: | | | | | | | | Fecha de Nacimiento: | | |
| Idioma deseado: Espanol \_ \_ | | | | | La Escuela de la Viviencia: | | | | | |
| Fecha de la Reunion de la Informacion del Programa: | | | | | | | Que Grado Va: K 1 2 | | | |
| Padre o Guardian: | | | | | | | | | | |
| Dirreccion Fisica: | | | | | | | | | | |
| Ciudad: | | | Estado: | | | | Codigo del Area: | | | |
| Dirreccion del Correo (si es diferente de la dirreccion fisica): | | | | | | | | | | |
| Ciudad: | | | Estado: | | | | Codigo del Area: | | | |
| Numero Telefonico: | | | Numero Telefonico: | | | | Correo Electronico: | | | |
| Mi hijo ya tiene un hermano quien participe en un programa del WLIP: Si No | | | | | Si es cierto, el nombre legal del hermano: | | | | | |
|  | | Escuela: | | | | | Grado: | | | |
| Mi hijo tiene un gemelo o un trillizo quien quiere participar en el WLIP : Si No | | | | | Si es cierto, el nombre legal del hermano: | | | | | |
| Academic Information | | | | | | | | | | |
| La Preoccupaciones Academicas: | Lectura Y N | | | Escritura  Y N | | Matematicas Y N | | | Lenguaje Y N | Habla Y N |
| ¿Cuáles son las calidades que tiene su hijo para hacerse un aprendiz exitoso de un idioma segundo? | | | | | | | | | | |
| Exposicion anterior al idioma deseado: | | | | Ninguna Ocasional Casual  Regularamente Nativo | | | | | | |
| Si el estudiante ha tenido la exposición al idioma deseado, por favor, descríbalo brevemente: | | | | | | | | | | |

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| --- | --- | --- | --- |
| **Office Use Only Office Use Only Office Use Only** | | | |
| Date Rcvd: | Time Rcvd: | | Placement: Lottery Waiting Enroll |
| Notification of Placement: Email Phone Letter | | | Date: |
| Pledge Rcvd Date: | |  | |