******

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

Mr. Allen Carter (acarter@d401.k12.id.us) at DES 265 LeGrand Pierre, Driggs, ID 83422

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) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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 LogoLa 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:  |

|  |
| --- |
| **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: |  |