



Abilene ISD Two-Way, Dual Language Program

**STUDENT APPLICATION for 2016-2017**

Please use this application for incoming Kindergarten students.

**Due Date: Tuesday May 24th – Turn in one application to the office of Ortiz Elementary by 3:00 pm or mail it in to 241 Pine St. Attn: Erika Maldonado BE/ESL Dept.**

**(Please print all information)**

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Student's first language: \_\_\_\_\_

Language other than English spoken in the home (*if any*): \_\_\_\_\_

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

Residence Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

My home school is: \_\_\_\_\_

If a parent is an employee of the Abilene Independent School District, please provide staff ID number: \_\_\_\_\_

I understand that the full benefit of a Two-Way, Dual Language program is achieved by having my student enrolled in the program from Pre-Kindergarten or Kindergarten through 5<sup>th</sup> grade. I wish to have my child served in the Two-Way, Dual Language (English/Spanish) program at Ortiz Elementary, starting in Kindergarten and progressing through 5<sup>th</sup> grade.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date