Boise School District Dual Language Program Application Form

Student Name						
	First Middle		Last			
Address						
Phone Numbers_						
	Home	Work	Cell		Cell	
Home School			Birth date			
			Мо	nth	Day	Year
Male	Female	Student's first languag	ge: Spanish		English	1
What grade level	will your child be en	tering this fall?				
What language d	oes your child speak	at home?				
Does your child read and write in Spanish?			□Yes	□No		
Does your child have a sibling in the program?			□Yes	□No		
Do you live within the Boise School District boundaries?			□Yes	□No		
Are you employed by the District?			□Yes	□No		
Do you live outside Boise boundaries?			□Yes	□No		
If yes, which distr	rict do you reside in?					
Do you prefer AM or PM Kindergarten*?			□ам □рм	□No	t applica	ıble
*Not guaranteed						
Which program site do you prefer?			☐Whitney ☐Whittier			
Parent/Guardian	Signature					

To be considered for enrollment, this application (along with birth certificate and proof of immunizations) is due to Whitney (1609 S. Owyhee, Boise, ID 83705, 208-854-6580) or Whittier (301 N. 29th, Boise, ID 83702, 208-854-6630) by <u>April 3rd</u>. If you apply after <u>April 3rd</u>, your application will be added to a list and you will be notified as openings become available. If necessary, a lottery will be held on <u>April 10th</u>.