

Reed Elementary School  
1670 N Linder Rd  
Kuna, Idaho 83634



Kevin Gifford, Principal

Phone: 208-955-0275 Fax: 208-955-0279

## Application for English/Spanish Dual Language Program

Name of Parent/Guardian \_\_\_\_\_

Name of Student: \_\_\_\_\_ M  F

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

What is the first language your child learned to speak? \_\_\_\_\_

What language is your child stronger in? \_\_\_\_\_

What other language(s) are spoken at home? \_\_\_\_\_

Is your child currently participating in a preschool program? \_\_\_\_\_ If so where? \_\_\_\_\_

Why would you like your child to be part of the dual language program?

\_\_\_\_\_  
\_\_\_\_\_

What are some of the concerns you have?

\_\_\_\_\_  
\_\_\_\_\_

Any additional information that you feel is necessary for us to support your child's learning:

\_\_\_\_\_  
\_\_\_\_\_

Sibling In Program Sibling name: \_\_\_\_\_ Current Grade level: \_\_\_\_\_

Parent is District Employee Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

***I understand that by completing this application, my child is not guaranteed a space in the dual language program. Program selection is conducted on a lottery basis.***

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_