



# Memorial Elementary School

A Dual Language and International Baccalaureate Candidate School

6401 Arnot Houston, TX 77007

Phone (713) 867-5150

Principal Jose Hilario Cordova



## **2023-2024 MEMORIAL ELEMENTARY REGISTRATION PROCESS**

Thank you for your interest in Memorial Elementary!

Registration is for **NEW zoned K-5<sup>th</sup> grade students** (and **Pre-K who have been offered a seat**) who want to enroll for the 2023-2024 school year. Students **MUST** be zoned to Memorial Elementary.

- **Step 1:** Verify that your home address is within the Memorial Elementary zone:  
<http://schoolfinder.houstonisd.org>
- **Step 2:** Register with HISD online at <http://houstonisd.org/enroll>. Click on "New Student" on the right side of the page. Please ensure to select the 2023-2024 school year. The following documents **MUST** be uploaded to the portal under the correct tabs:
  - ✓ Child's birth certificate
  - ✓ Child's social security card (*This should be uploaded into "Other"*)
  - ✓ Child's immunization record
  - ✓ Proof of address
  - ✓ Parent ID

### **ALL DOCUMENTS MUST BE UPLOADED TO THE ENROLLMENT PORTAL.**

- **Step 3:** Please complete additional **required** school forms. A PDF of the forms will be attached to this document, and paper forms will also be available in-person at Memorial.

\*All enrollment applications will be reviewed and processed accordingly. Updates regarding your child's enrollment application will be sent to the email address that was used to submit the enrollment.

\*Appointments are *not* necessary. Registration is open Monday-Friday (unless HISD is closed) from 8:00 A.M. – 12:00 P.M.

**AGE REQUIREMENT:** A child **MUST** be 5 years old on or before September 1<sup>st</sup> to enroll into Kindergarten in Texas.

### **DOCUMENTS TO BRING TO REGISTRATION (if applicable):**

- ☐ Most recent report card (1<sup>st</sup> - 5<sup>th</sup> grade)
- ☐ Withdrawal form
- ☐ Gifted & Talented identification matrix
- ☐ LEP/ESL/504/IAT/IEP/Special Education documents
- ☐ Official legal documentation (*custody paperwork, divorce decree, etc.*)
- ☐ Private testing or reports

Please contact our registrar, Ms. Sanchez, at (713)-867-5150 or [Jazmin.sanchez@houstonisd.org](mailto:Jazmin.sanchez@houstonisd.org) for questions or assistance.



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## 2023-2024 Student Background Information Form

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ 2023-2024 Grade: \_\_\_\_\_

Has this student ever attended an HISD school? ☐ Yes ☐ No

If answered No above, has the student ever attended a Texas school? ☐ Yes ☐ No

List previous 2 schools attended starting with the most current school/daycare attended. **1<sup>st</sup>-5<sup>th</sup> grade students MUST have most recent report card to be placed in a class. A withdrawal form is required if entering mid-year.**

Name of School	City, State	Phone Number	Grade (s)

If this student took the HISD Gifted & Talented/Vanguard/Magnet test, did they qualify? ☐ Yes ☐ No

At which HISD school did the student test? \_\_\_\_\_ Approximate date: \_\_\_\_\_

*Please attach the GT Matrix to this form even if they did not qualify. If your child was tested privately or at a non-HISD school, please attach test/report results to better aid us in class placement.*

**Has your child ever been in/received services for:**

YES NO

ESL/ELL/EL/LEP/BIL/DL/EB Program and/or screened in Texas?		
Tested for a learning disability?		
FIE/IEP/Special Education?		
504?		
Speech Therapy?		
IAT?		
Diagnosed with dyslexia?		
Diagnosed with ADHD or displays similar behavior?		
Any other special program or services (OT, PT, etc.)? If so, please describe:		
Retained? If so which grade(s):		

***Please submit any pertinent paperwork if answered "YES" to any questions above.***

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215  
(Home Language Survey applicable ONLY if administered  
for students enrolling in prekindergarten through grade 12)

### TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12):

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:  
<https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

**This survey shall be kept in each student's permanent record folder.**

NAME OF STUDENT: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

**NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.**

1. What language is used in the child's home **most of the time**? \_\_\_\_\_

2. What language does the child use **most of the time**? \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if Grades 9-12

\_\_\_\_\_  
Date

**NOTE:** If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if:  
1) your child has not yet been assessed for English proficiency; and  
2) your written correction request is made within two calendar weeks of your child's enrollment date.



**Texas Education Agency**  
**Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- ☐ **Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic/Latino**

**Part 2. Race: What is the person's race? (Choose one or more)**

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American** - A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ Student/Staff Name (please print)	_____ (Parent/Guardian)/(Staff) Signature
_____ Student/Staff Identification Number	_____ Date

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## SOCIOECONOMIC INFORMATION FORM

Complete and return one form to each school where you have a child enrolled. **Print using a pen.**

**\*CONFIDENTIAL\* - For HISD purposes only**

Houston ISD is required to collect the socioeconomic status of each student as a performance indicator for student achievement (TEC § 39 for Texas state requirements and ESEA §§1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA §1113). This information is not shared with outside agencies.

**It is very important that families complete this socioeconomic form in order for schools to receive Title I and State Compensatory Education funding.** This funding will directly benefit your child's school. Title I and State Compensatory Education funding can be used to hire personnel, provide tutoring services, order technology, and provide professional development for teachers. We want to continue to provide these necessary learning supports, but without your assistance we may not be able to.

Campus ECO Code: \_\_\_\_\_  
For office use only

### STEP 1 (List all Houston ISD students in the household)

Student ID (office use only)	First Name	Last Name	MI	Date of Birth	School Name	Grade Level

### STEP 2

Do you receive Supplemental Nutrition Assistance (SNAP)? ☐ YES ☐ NO

Do you receive Temporary Assistance to Needy Families (TANF)? ☐ YES ☐ NO

**If you answered YES on either of the above, skip Step 3 and continue to Step 4.**

**If you answered NO on both of the above, you must complete Steps 3 and 4.**

### STEP 3 (Complete only if all answers in Step 2 are NO)

How many total members are in the household (include all adults and children)? \_\_\_\_\_

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS \_\_\_\_\_

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment, and all other sources of income (**before any type of deductions**)

### STEP 4 (Check one of the following two boxes as appropriate and sign below.)

*In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent, or legal guardian.*

- ☐ I certify that all the information on this form is true. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.
- ☐ I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

\_\_\_\_\_  
Parent/Guardian Name (Print)

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

\_\_\_\_\_  
Date

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## MILITARY CONNECTED FAMILIES SURVEY

All information **MUST** be completed by parent, school personnel or community liaison.

School \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ HISD ID# \_\_\_\_\_

Dear Parent or Guardian,

The State of Texas requires schools to collect data relating to the enrollment of military-connected students. This collection is done to allow educational institutions the ability to monitor critical elements of education success for children who are dependents of military personnel, and show the state's commitment to military personnel and their children.

### For students in grades Kindergarten through 12:

1. The student is a dependent of an active duty member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard

☐ Yes ☐ No

2. The student is a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)

☐ Yes ☐ No

3. The student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)

☐ Yes ☐ No

### For pre-kindergarten students only:

4. The student is a dependent of an active duty uniformed member of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or activated/mobilized uniformed member of the Texas National Guard (Army, Air Guard, or State Guard) who was injured or killed while serving on active duty.

☐ Yes ☐ No

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)

All information MUST be completed by parent, school personnel or community liaison.

School \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ HISD ID \_\_\_\_\_

Current Address \_\_\_\_\_ Grade \_\_\_\_\_ ☐ Male ☐ Female

Lives with: ☐ Both Parents, ☐ Mother, ☐ Father, ☐ Legal Guardian, ☐ Caretaker/Relative without legal guardianship, ☐ Other \_\_\_\_\_

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No *relation*

If Yes – name of DFPS Case Manager: \_\_\_\_\_ Contact information: \_\_\_\_\_

Was the student previously in the conservatorship of the Department of Family & Protective Services (Foster Care)? ☐ Yes ☐ No

**Please complete the Current Housing Situation AND Background Situation sections below to determine McKinney-Vento eligibility:**

### Part A: CURRENT HOUSING SITUATION – Check the student's current housing situation

#### I CURRENTLY LIVE:

☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable).

☐ My home has no electricity ☐ My home has no running water

#### OR I CURRENTLY LIVE IN A TRANSITIONAL HOUSING SITUATION:

☐ Living in a shelter ☐ Living in a motel or hotel

☐ Living with more than one family in a house or apartment (Doubled-up) due to economic hardship

#### Unsheltered

☐ Moving from place to place ☐ Living in a structure not usually used for housing ☐ Living in a car, park, campsite, camper, or outside

**UNACCOMPANIED YOUTH** ☐ Yes ☐ No (An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian.)

### Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above - please Check ANY below that apply)

☐ Catastrophic illness / medical expenses / disability

☐ Natural disaster / evacuation

☐ New to Town

☐ Domestic Issue

☐ Loss of Employment

☐ Migrant work in fishing or agriculture

☐ Economic hardship/low earnings

☐ Awaiting placement in foster care / CPS custody

☐ Evicted/kicked out

☐ Parent(s) involved in military deployment

☐ House fire or other destruction

☐ Parent Incarcerated/Recently released from incarceration

### Part C: NEEDED SERVICES – based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

☐ Enrollment Assistance

☐ Transportation

☐ Emergency Clothing, Uniforms

☐ Free Lunch/Breakfast (Child Nutrition)

☐ School Supplies

☐ Personal Hygiene Items

☐ Immunizations

☐ Medicaid/CHIP Assistance

☐ Food Stamps (SNAP) Assistance

☐ Temporary Assistance for Needy Families (TANF)

☐ Other \_\_\_\_\_

To the best of my knowledge this information is true and correct.

Name (PLEASE PRINT): \_\_\_\_\_ Signature \_\_\_\_\_ Phone #'s \_\_\_\_\_

**School Personnel:** This form is intended to address the McKinney-Vento Act U.S.C. 11435. If any "Transitional Housing Situation" is checked under "Current Housing Situation" AND the family has indicated one of the "Background Situations" (1) immediately add PEIMS Coding on the At-risk Chancery panel for At-risk reason code 12, (2) code all of the McKinney-Vento Panels on that screen (the start date should be the date the form was completed and also add the end date, and (3) Email forms to [HomelessEducation@houstonisd.org](mailto:HomelessEducation@houstonisd.org). If information is missing, please follow-up with the parent/guardian/school personnel who completed the form to make sure each section is completed, as needed.





## REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

☐ No information to report.

Food	Nature of allergic reaction to food	Life-Threatening?

**TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.**

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form received by Campus: \_\_\_\_\_





# HOUSTON INDEPENDENT SCHOOL DISTRICT

## HEALTH INVENTORY

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

TEACHER \_\_\_\_\_

SCHOOL LAST ATTENDED \_\_\_\_\_

Please fill in this form and return to the teacher or nurse. The information given on this form will help the school staff to have a better understanding of your child's health needs:

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Birth weight \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Have you ever been told by a doctor that your child had:**

	Age First Identified	Under Doctor's Care?		Age First Identified	Under Doctor's Care?
Asthma			Bone/Joint Problem		
Allergies			Rheumatic Fever		
Blood Disorder			Surgery/Fractures		
Diabetes			T. B. Disease		
Epilepsy/Seizures			Hearing Loss		
Heart Disease			Vision Loss		
Kidney Disorder			Severe Menstrual Cramps		
Cancer			Eating Disorder		

**Please check if you have observed any of the following in your child:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Tires easily       | <input type="checkbox"/> Earaches                   | <input type="checkbox"/> Wheezing, shortness of breath with exercise |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Difficulty making friends  | <input type="checkbox"/> Nail Biting                                 |
| <input type="checkbox"/> Fainting           | <input type="checkbox"/> Coughs frequently at night | <input type="checkbox"/> Restlessness                                |

Has your child been seen by a doctor for any of the above? ☐ Yes ☐ No

Is your child on any kind of medication? ☐ Yes ☐ No

If so, what? \_\_\_\_\_

For what condition? \_\_\_\_\_

Further comment \_\_\_\_\_

What type of medical insurance do you carry for this child?

CHIP ☐ Medicaid ☐ HCHD ☐ Private Insurance ☐ None ☐

Please see the School Nurse (or School Principal) if your child has other needs or is:

- A pregnant or parenting teen  
**and/or**
- Has a severe life-threatening food allergy

Signature \_\_\_\_\_

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## FAMILY SURVEY

STUDENT NAME:	DATE OF BIRTH:
CAMPUS NAME:	GRADE LEVEL:

Dear Parent/Guardian:

The Houston Independent School District is assisting the state of Texas to identify students who may qualify for the Migrant Education Program to receive additional services. **The information provided below will be kept confidential.**

Please answer the following questions and return this form to your child's school.

1. Have you or anyone in your household moved within the last 3 years from one school district to another in Texas or within the United States?









YES ☐ (Continue to question 2)

NO ☐ (Stop here and return survey to your child's school)

2. Were any of these moves made to find temporary/seasonal work in agriculture or fishing? (e.g., field work, canneries, dairy work, meat processing, etc.)

YES ☐ (Please check all that apply below)

NO ☐ (Stop here and return survey to your child's school)

 Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards <input type="checkbox"/>	 Dairy farm <input type="checkbox"/>	 Fishery <input type="checkbox"/>	 Cannery <input type="checkbox"/>
 Poultry farm <input type="checkbox"/>	 Plant nursery, orchard, tree growing or harvesting <input type="checkbox"/>	 Slaughterhouse <input type="checkbox"/>	 Other similar work, please explain: <input type="checkbox"/>

If you answered "yes" to the questions above, an education representative will contact you to provide additional information. Please complete the following information:

Parent/Guardian Name	Home Address	Telephone Number

— FOR SCHOOL USE ONLY —

PLEASE SUBMIT THIS INFORMATION AND FORMS AT

migrantprogram@houstonisd.org

MIGRANT EDUCATION PROGRAM






4400 West 18<sup>th</sup> Street, Route 1 | Houston, TX 77092 | 713-556-7288  
 HISD Multilingual Programs | 713-556-6980 Fax | March 2023

# HOUSTON INDEPENDENT SCHOOL DISTRICT

## SAFETY ACKNOWLEDGMENT FORM

Safety is a top priority for HISD, and the district is committed to providing a safe environment for our students and staff. Safety drills and training are conducted as required by Texas Education Code and under guidance from organizations including but not limited to the Texas School Safety Center, Safe and Secure Schools, Sandy Hook Promise, and State Code Compliance.

### REQUIRED SAFETY DRILLS CONDUCTED INCLUDE:

				
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In the event of an emergency or incident that requires reunification of students with their parents or guardians, the district has adopted the "I Love U Guys" Foundation Standard Reunification Method (SRM). The SRM provides a proven method for planning, practicing, and achieving a successful reunification. During any emergency situation the district will use multiple resources including, news outlets, social media, automated calls, and/or email to communicate with its targeted audience.

The district is committed to being proactive in emergency management and planning. This requires support and understanding. Safety starts with you. It is important to talk to your children about safety. If you see something, say something. Anonymous reporting of safety concerns, suspicious activity, student and/or workplace bullying, etc. is available to everyone by calling **713-641-7446**, online via the anonymous reporting system [HoustonISD.org/AnonymousReporting](https://HoustonISD.org/AnonymousReporting) or by downloading the **SAYSOMETHING MOBILE APP**. **Ensure you have the most up to date information and emergency contact at the campus level for effective communication.**

\_\_\_\_ I HAVE READ THE HISD SAFETY ACKNOWLEDGMENT FORM

Student Last Name	First Name	Grade
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Parent or Guardian's Printed Name	Date
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Parent or Guardian's Signature	Date
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School Name: Memorial Elementary

Target Language: **SPANISH**

Jose Hilario Cordova, Principal

6401 Arnot St

Houston, TX 77007

(713)-867-5150



**Houston ISD Dual Language Program  
Parent Commitment Form**

I would like to enroll my child in the Dual Language Program. I understand that I will receive a confirmation letter from the school indicating the status of my child's enrollment.

The goals for Dual Language students are:

- Development of fluency and literacy in English and in an additional language. (Bilingualism)
- Demonstration of mastery in all academic areas in English and the target language. (Biliteracy)
- Promotion and development of cross-cultural sensitivity.

Child's Name			Entering Grade	
Birthdate		Previous School		
Address			City/State/Zip	
Home Phone				

Parent's Name		Wk Phone		Cell Phone	
---------------	--	----------	--	------------	--

Parent's Name		Wk Phone		Cell Phone	
---------------	--	----------	--	------------	--

Zoned to _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	If not, school name: _____
Dual Language Transfer requested	<input type="checkbox"/> yes	<input type="checkbox"/> no	School name: _____
Sibling attending _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	Sibling's name: _____

According to dual language research, I understand that long-term participation of at least 5 to 7 years is required for the benefits of the program to be fully realized. With my signature below, I agree to the following requirements for enrollment and continuation in the program:

- I agree to continue enrollment of my child in the Dual Language program for the next 5 to 7 years.
- I agree that the following students may only enter in Kindergarten and no later than 1<sup>st</sup> grade provided that there is availability:
  - ✓ Native English speakers
  - ✓ Students who speak a language other than the target language
- I agree to provide parental support/volunteerism for a minimum of 5 hours per semester.
- I agree to provide encouragement and support for biliteracy and bilingualism for my child.

Signature		Date
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**NOTE:** The only official notification of enrollment will be on a school letter signed by the principal. Submission of this form does not ensure enrollment to the program.

Office Use only

Date received:

Time received:

Received by: