



Galt Joint Union Elementary School District

1018 C Street, Suite 210, Galt, CA 95632
209-744 4545 | www.galt.k12.ca.us

Dual Language Immersion Program Application

Student:	Birthdate:
Parent/Guardian:	Phone Number:
Grade Entering: Preschool TK Kinder 1st	Home School:

Home Language Survey

What language(s) did your child first learn to speak? _____

What language(s) does your child mostly speak now? _____

What language(s) is/are spoken in your home most of the time? _____

What language does your child respond in when spoken to in the **language other than English**? _____

How much of the **language other than English** does your child understand?

- Everything
- Most
- Some

How much English does your child understand? Everything Most Some

*It is extremely important that families understand the DLI program goals, duration and commitment required. An information session will be held annually for this purpose. If a parent/guardian is unable to attend the information session, the parent/guardian must contact Laura Márquez at Fairsite (for preschool and TK) or David Nelson at Valley Oaks before an application will be accepted. Please note that while applications are processed on a first come/first served basis, the classroom composition of half English dominant and half bilingual/Spanish dominant students **will be the priority** when determining enrollment in the DLI program.*

Signature: _____ Date: _____

FOR OFFICE USE ONLY

<input type="checkbox"/> Spanish Dominant	<input type="checkbox"/> Bilingual	<input type="checkbox"/> English Dominant/Some Spanish	<input type="checkbox"/> English Only
<input type="checkbox"/> Enrolled/Notified:		<input type="checkbox"/> Waiting List/Notified:	

