



Please return your completed survey to the school office, or the superintendent:

Monte Woolstenhulme
 Teton School District 401
 PO Box 775, 445 N. Main St.
 Driggs, ID 83422
 Office: 208-228-5923
 FAX: 208-354-2250
 Email: mrw@tsd401.org

Two-Way Spanish Immersion Program–Interest Survey

INSTRUCTIONS: Please enter your data in the text boxes below. All information will remain confidential for use by school officials and the Two-Way Spanish Immersion Review Board only. Thank you.

Date: * CONFIDENTIAL INFORMATION *

Parent/Guardian Names:

| Last Name: | First Name: | Relationship: | Select one to be Primary Contact |
|------------|-------------|---------------|----------------------------------|
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

Primary Contact Information:

Home Phone Number: () - Cell Phone Number: () -

Email Address: _____

Home Address: _____
 Address No. / Street Name / Unit No. City State Zip

Local School Information:

Home School District: _____ Home School Name: _____

Preschool Name: _____ City: _____

Please list all children who might enroll in the Driggs Elementary Spanish Immersion program:

| Last Name | First Name | Birth Date | Enrollment Yr. for Kinder | Home Language(s) Spoken – √ if proficient (Language 1) | (Language 2, if applicable) |
|-----------|------------|------------|---------------------------|-----------------------------------------------------------|-----------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

1. How did you find out about this Spanish Immersion Program (*please check all that apply*)

- Word of mouth
 Search Engine (Google, Yahoo, etc.)
 Poster/Flyer from: _____
 Website: (*name*) _____
 Other: (*please specify*) _____

2. Will you commit to enrolling your child(ren) in the Two-Way Spanish Immersion Program?

- Yes
 Not at this time

3. Once enrolled, will you commit to keeping your child(ren) in the Two-Way Spanish Immersion Program from Kindergarten through 5th Grade?

- Yes
 Not able to commit

Thank you for your interest in Driggs Elementary and the Dual Immersion Program.

La Aplicacion para el WLIP



| INFORMACION DE QUIEN SE APLICA | | | | | | |
|----------------------------------------------------------------------------------------------------|--|--------------------|-----------------------------|--------------------------------------------|--------------|-----------|
| Nombre Legal del Estudiante: | | | | Fecha de Nacimiento: | | |
| Idioma deseado: Espanol __ | | | La Escuela de la Viviencia: | | | |
| Fecha de la Reunion de la Informacion del Programa: | | | | Que Grado Va: K 1 2 | | |
| Padre o Guardian: | | | | | | |
| Dirreccion Fisica: | | | | | | |
| Ciudad: | | Estado: | | Codigo del Area: | | |
| Dirreccion del Correo (si es diferente de la dirreccion fisica): | | | | | | |
| Ciudad: | | Estado: | | Codigo del Area: | | |
| Numero Telefonico: | | Numero Telefonico: | | Correo Electronico: | | |
| Mi hijo ya tiene un hermano quien participe en un programa del WLIP: Si No | | | | Si es cierto, el nombre legal del hermano: | | |
| | | Escuela: | | Grado: | | |
| Mi hijo tiene un gemelo o un trillizo quien quiere participar en el WLIP : Si No | | | | Si es cierto, el nombre legal del hermano: | | |
| ACADEMIC INFORMATION | | | | | | |
| <u>La Preocupaciones Academicas:</u> | | Lectura Y N | Escritura Y N | Matematicas Y N | Lenguaje Y N | Habla Y N |
| ¿Cuáles son las calidades que tiene su hijo para hacerse un aprendiz exitoso de un idioma segundo? | | | | | | |
| <u>Exposicion anterior al idioma deseado:</u> | | Ninguna | Ocasional | Casual | | |
| | | Regularamente | Nativo | | | |
| Si el estudiante ha tenido la exposición al idioma deseado, por favor, descríballo brevemente: | | | | | | |

| Office Use Only | | Office Use Only | | Office Use Only | |
|-----------------------------------------------------|--|-----------------|--|-----------------------------------|--|
| Date Rcvd: | | Time Rcvd: | | Placement: Lottery Waiting Enroll | |
| Notification of Placement: __Email __Phone __Letter | | | | Date: | |
| Pledge Rcvd Date: | | | | | |