Portuguese Dual Language Immersion Program
Jordan School District

Application Form
*"Completed applications will be accepted for a **Random Selection Process.**"*

PORTUGUESE

2022-2023
Upcoming School Year

Demographic Information

_____	_____	_____
Student's Name	Student's Birthday	Entering Grade Level
_____	_____	_____
Parent or Guardian's Name	Home Phone No.	Mobile Phone No.

_____
Address

Do you live within the boundaries of:

Bluffdale Elementary School   _____ (Yes)   _____ (No)

If you answered **'no,'** please indicate the name of the school and district within whose boundaries your child currently lives:

_____   _____
School   District

Do you have any **sibling/s** in a Portuguese Dual Language Immersion program at any of our participating schools?

If **'yes'**, fill in the following:

_____
School

_____   _____

Grade/s   Name of sibling/s

About Your Child

What language did your child first learn to speak? _____

What is the primary language spoken in your home? _____

Does either parent or guardian speak Portuguese? ____ Father ____ Mother ____ Neither

Do you know anyone who speaks Portuguese? ____ (Yes) ____ (No)

Would they be available to volunteer in the school? ____ (Yes) ____ (No)

Does your child have any language delays? ____ (Yes) ____ (No)
  If 'Yes,' please explain:

  _____

Please share any other information that would provide assistance in the enrollment process:

  _____

NOTE: *" The elementary dual language immersion program is considered to be a comprehensive educational experience. Beginning in the first grade, paired English and target language teachers collaborate to support student mastery of both the core content standards and target language skills in a full day program. It is our expectation that students who participate in the language immersion experience participate fully in the school academic day and its prescribed instructional design."*

Please complete and return your application along with the Parent Commitment Form to the school for whose program you are applying.

Bluffdale Elementary School
14323 South 2700 West
Bluffdale, Utah 84065
Tel. No. (801) 254-8090

*** See next page for Parent Commitment Form ***

PARENT COMMITMENT FORM
JSD Portuguese Dual Language Immersion Program

PORTUGUESE

Parent Name _____   Date _____

Child's Name _____   Grade Level _____

I am requesting that my child be enrolled in the **Portuguese Dual Language Immersion** program at _____ Elementary. I understand that the enrollment of my child is conditional on my understanding of and commitment to the following, along with space availability:

1. Children enrolled in the Portuguese immersion program will remain together in first grade through sixth grade.

2. I understand that parents need to read to their child at home 20-30 minutes daily in English.

3. Since success in an immersion program requires consistent instruction over time, I intend to support my child in the Portuguese immersion program in grades one through six.

4. I understand attendance is of key importance and commit to having my child arrive at school on time and attend school except for illness and family emergencies.

5. I will consult with teachers and administration for additional strategies to support my child to increase success in the Portuguese immersion program.

6. I understand that the dual immersion model will be implemented in each class of my child's 50/50 day. Content and instruction will be based on the state model.

7. Once enrolled in the Dual Language Immersion program, any academic/behavior concerns will be addressed with the principal. Appropriate interventions will be implemented. If documented interventions are unsuccessful, a formal conference with the principal, parents, student, and teacher, will take place.

8. I understand that my student's continued participation in the DLI program is contingent on regular attendance, appropriate behavior, and compliance with all school rules and district policies, and that chronic absenteeism or behavior incidents that result in suspension may result in my student's removal from the program. Should that occur, I agree that my student would b returned to enrollment in our boundary school.

Parent Signature: _____   Parent Signature: _____

Date: _/__/____   Date: _/__/____

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