



Portuguese Dual Language Immersion Program

Jordan School District

Application Form

*“Completed applications will be accepted
for a **Random Selection Process**”*

2026-2027

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.

Parent Email Address

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. The dual language immersion program is open to all students.* ”

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 *****



PORTUGUESE

PARENT COMMITMENT FORM

JSD Portuguese Dual Language Immersion Program

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 be returned to enrollment in our boundary school.

Parent Signature: _____ Parent Signature: _____

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