



**Portuguese Dual Language
Immersion Program**
Jordan School District

Application Form

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

2027-2028

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

- ☐ Yes
☐ No

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

_____ School	_____ District
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Do you have any **siblings** 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 *****



PORTUGUESE

PARENT COMMITMENT FORM

JSD Portuguese Dual Language Immersion Program

Parent Name _____ Date _____

_____ Grade Level _____

Child's Name _____

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. I understand that success in the Portuguese Dual Language Immersion program requires consistent participation in both Portuguese and English instruction. I commit to supporting my child's full enrollment in the DLI program from first through sixth grade, including all Portuguese and English language components.
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: ____/____/____