

For Office Use Only:

Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notification \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***South Bend Community School Corporation***

**Maritza Robles Dual Language Immersion Program**

**(Spanish/English)**

**2018-2019 Application Form**

**Due Date: Friday, February 16, 2018**

***Please complete all sections of this Application Form and return it no later than Friday, February 16, 2018, at 4:00 p.m. Application forms must be postmarked by this date and time. Late applicants will be placed on a waiting list. To be eligible for Kindergarten, students must be born on or before August 1, 2013. This application does not register your child for kindergarten. Kindergarten registration is a separate process that you must complete. Please print clearly.***

**Student Information:**

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Middle Name or Initial** |
| **Street Address** | **City** | **Zip Code** |
| **Birthdate (Month/Day/Year)** | **Grade Level for 2018-2019** | **Language/s spoken by the Student at Home** |
| **School Currently Attending (if applicable)** | **Gender**  **\_\_\_\_\_Female \_\_\_\_\_Male** | **Did Student Attend Pre-School?**  **\_\_\_\_Yes \_\_\_\_No**  **If Yes, Name of School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Is there a sibling currently at McKinley?**  **\_\_\_\_Yes \_\_\_\_No** | **If Yes, Sibling’s Name/s** | **Sibling’s Grade/s** |
| **Race/Ethnicity (Check all that apply)**  **\_\_\_\_Hispanic/Latino \_\_\_\_White \_\_\_\_Black \_\_\_\_American Indian \_\_\_\_\_Asian \_\_\_\_Native Hawaiian/Pacific Islander \_\_\_\_Multiracial** | | |

**Parent/Legal Guardian Information:**

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Relationship** |
| **Mailing Address (if different from student’s)** |  |  |
| **Parent/Guardian E-mail Address** |  |  |
| **Home Phone #** | **Cell Phone #** | **Work Phone #** |

**Home School:**

|  |  |
| --- | --- |
| **Is this your child’s home school for 2018 - 2019 (Based on district lines)? YES\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_** | **For Office Use Only: Address Confirmed:\_\_\_\_\_\_\_\_\_\_\_\_\_** |

***By signing this application form, I verify that I have read the document and I am aware of the program’s guidelines and procedures. I wish to register my child for the Dual Language Immersion program.***

**Parent Signature: Date: (Month/Day/Year)**

|  |
| --- |
| \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

**No student shall be denied the opportunity to participate in any program or activity on the basis of gender, race, color, creed, religious belief, national origin, disability, or ethnic group.**