



# Humble Elementary Two-Way Dual Language Program "No Limits"

## Application for 2017 - 2018

20252 Fieldtree Dr., Humble, Texas 77338

Phone: 281-641-1100

Fax: 281-641-1117



Name of Child: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Campus: \_\_\_\_\_  
MM/DD/YY

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is your child currently attending Pre-K at Humble Elementary?  Yes  No

Will your child be entering Kindergarten this fall?  Yes  No

Does your child speak English as a first language?  Yes  No

Does your child speak Spanish as a first language?  Yes  No

What language does your child speak most often? \_\_\_\_\_

What other languages are spoken in the home? \_\_\_\_\_

Did your child attend Pre-K at another school or Pre-School?  Yes  No If yes, where? \_\_\_\_\_

Which parent informational meeting did you attend?  April 10  April 12  April 18

Other children at home: Age: \_\_\_\_\_ School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Why are you seeking enrollment into this program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*I give my permission for my child to receive an oral language proficiency test to determine program eligibility. Humble I.S.D. employees will administer the testing. I understand that I must bring my child to the testing site on the date scheduled. Parents will not be allowed in the testing room, but my child's test results will be discussed with me.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**“NO LIMITS” DUAL LANGUAGE PROGRAM  
Humble Elementary School**



**PARENT LETTER OF COMMITMENT AND CONSENT**

I would like my child, \_\_\_\_\_ to participate in the Dual Language Program at Humble Elementary School.

I have been informed about the Dual Language Program’s language, academic, and cultural goals, as well as the curriculum, instructional, and assessment approaches. I understand the guidelines and the conditions necessary for the successful participation of my child in the program. I agree to support my child and the program by committing to the following:

1. I understand that language learning is a process; therefore my child will participate in the program for six years (K- 5).
2. My child will be in a classroom that includes English dominant and Spanish dominant children.
3. My child will receive 50% of instruction in English and 50% of instruction in Spanish from Kindergarten to Fifth grade.
4. My child will receive literacy instruction and content area instruction in his/her native language and also in his/her second language.
5. My child will continue to learn and develop academically, socially, and culturally in his/her first language and second language throughout the duration of the program.
6. My child will develop bilingual (understanding and speaking) and bi-literate (reading and writing) competencies in the two languages.
7. My child will comply with the Humble ISD attendance policy and maintain a consistent record. I will inform the school of his/her absences due to illness or family emergencies.
8. My child will arrive punctually to school and he/she will be picked up after school on time.
9. I will attend the scheduled Dual Language Program parent meetings and workshops, participate in DL events, and support the program and the classroom teachers.
10. My child’s progress will be monitored continuously. If my child is not succeeding academically in the program, the teachers and school administrators will recommend his/her placement in a program that will ensure his/her academic success.
11. I understand that my child’s effort, participation, and behavior are essential keys to his/her academic success in this program. If serious problems occur repeatedly, the teachers and school administrators will recommend his/her placement in a different program.
12. I will provide academic support for my child at home, including: reading with my child on a regular basis, utilizing materials available in the school, and seeking materials outside of the school when necessary.

By signing this contract, I am acknowledging that I have read this entrance agreement. I agree to lend my support to the teacher, **the Dual Language Program**, and the school, in order to provide the best educational opportunity for my child.

\_\_\_\_\_  
**Parent’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Teacher Signature**

\_\_\_\_\_  
**Teacher Signature**

\_\_\_\_\_  
**Principal Signature**

\_\_\_\_\_  
**Dual Language Coordinator Signature**