



San Leandro Unified School District Kindergarten Dual Language Immersion Application

To apply to the Dual Language Immersion Program in SLUSD, you must submit this application AND follow district procedures for intra/inter district transfers and dual language immersion. Please see visit www.slusd.us for info.

Please choose one Dual Language Immersion Program:

Halkin Elementary DLI

Washington Elementary DLI

Jefferson Elementary DLI

Student Name (First Name Last Name)		Parent/Guardian Name (First Name Last Name)	
Email			
Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone	Cell Phone
Street Address		Apt. #	City
			Zip Code
Home Language Information		Schooling Prior to Kindergarten	
1. Which language did your child learn when he or she first began to talk?		Did your child attend school prior to kindergarten <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. What language does your child use most frequently at home?		If yes, what type of program? <input type="checkbox"/> Pre-school Name _____	
3. What language do you use most frequently to speak to your child?		<input type="checkbox"/> Transitional Kindergarten (TK)	
4. Name the language most often spoken <u>by the adults</u> at home.		<input type="checkbox"/> Daycare based	
In the upcoming school year, my child will be in: Kindergarten			
NOTE: THIS APPLICATION IS FOR KINDERGARTEN ONLY. ALL OTHER GRADES, CONTACT SCHOOL.			
Please select ONE of the following			
<input type="checkbox"/>	My child currently resides within the attendance area of (check one): <input type="checkbox"/> Halkin Elementary <input type="checkbox"/> Jefferson Elementary <input type="checkbox"/> Washington Elementary		
<input type="checkbox"/>	My child currently resides within the San Leandro Unified School District Boundaries (but not in the Halkin/ Jefferson/Washington attendance area). I understand that I must complete an INTRADISTRICT TRANSFER REQUEST. Child's current school or where they will attend once they begin school _____		
<input type="checkbox"/>	My child currently resides outside the San Leandro Unified School District boundaries. I understand that I must complete an INTERDISTRICT TRANSFER .		

Please review the following before signing:

- As the parent/guardian, I understand that if my child is accepted into the Dual Language Immersion Program, the student makes a multi-year commitment to that program at the requested school.
- I understand that completion of this application does not guarantee placement in the school.

Parent/Guardian Signature

Date (Month, Day, Year)

**Please return completed form to the school to which you are applying. Halkin Elementary 1300 Williams St. San Leandro
Jefferson Elementary 14300 Bancroft Ave. San Leandro
Washington Elementary 250 Dutton Ave. San Leandro**