

## **Kindergarten Bilingual Program** **(application for 2014-15 school year)**

Fill out this form and return to Karen Ludwig at Telluride Elementary School  
**Due Date is April 1' 2014** Applications received after 3:00p.m. on April 1, 2014, will be added to the end of the wait list according to the date and time received.

Notifications will be sent via email and/or phone calls beginning on April 2, 2014.

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Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Date of Birth: (MM/DD/YY) \_\_\_\_\_ Gender:    M        F

Parent/Guardian First Name: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

Parent/Guardian Best Contact Number: \_\_\_\_\_

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

My child speaks: (circle all that apply)

Spanish        English        French        Other

I/we understand that participation in a bilingual program requires a commitment from the child and the family. There will be required meetings for parents to attend throughout the course of this six-year program. Every effort will be made to provide at least two different times for parents to choose from for most meetings. I/we understand that our child/ren will be learning content in both English and Spanish and will have limited homework in both languages. I understand that there are parent responsibilities for participating in the TSD bilingual program. Signature acknowledges understanding.

**Sign here:** \_\_\_\_\_