

PLEASE RETURN BY May 1st, 2019

(Office Use Only)

Date Received _____ Received by _____

Indicate one: Accepted _____ # _____ OR Put on Wait List _____ # _____

**Dual Language Program
Parent Commitment Form**

Parent(s)/Guardian(s) Name _____ Date _____

Child's Name _____ Home School _____

I am requesting that my child be enrolled in the Dual Language Program. I understand that in addition to space availability, the enrollment of my child is conditional on my understanding of and commitment to the following:

1. Since success in a Dual Language program requires consistent instruction over time, I intend to support my child and commit to the Dual Language program up through at least 3rd grade.
2. I understand that the core class instruction will be in Spanish for 80% of the day in kindergarten & first grade, 70% in second grade, 60% in third grade and 50% from fourth to sixth grade.
3. I understand that this program is currently available at Autumn Creek Elementary School (K-3) & Yorkville Intermediate School (4-6).
4. I understand children enrolled in the Dual Language program will remain together through sixth grade.
5. I understand that parents will need to read with their child 20-30 minutes daily in their home language.
6. I will consult with teachers and administration for additional strategies to support my child to increase success in the Dual Language program.
7. I understand that it is common for students to use and mix both languages to varying degrees as a natural part of second language development, and that this does not represent confusion or delay.
8. I understand it is not unusual for children to experience some fatigue or frustration during the first months of the program. Knowing this, I will not remove my child from the Dual Language program because of these reasons.
9. I will participate in Dual Language events to my ability, and support the program and the classroom teachers.
10. I will develop an understanding of dual language education.
11. I will encourage the use of the target language outside of school.
12. I will enjoy the challenges and celebrate the results!

Parent's Signature _____ Date _____

Please complete both sides of this form and return to Autumn Creek Elementary School, 2377 Autumn Creek Boulevard, Yorkville or email jzapata@y115.org no later than **May 1st, 2019**.