



DUAL LANGUAGE PROGRAM APPLICATION

Date _____

Please complete the following:

Student Name _____

Grade Level Applying for _____ School Attended on 2017-2018 _____

Parent's Name _____

Address _____

Phone Number - Cell _____ Home _____

For campus only:

Screening Date _____

Tests Given _____

Language Proficiency Test (Students new to TISD) ***P, I, B, E, PE

Language	Listening	Speaking	Reading	Writing
English				
Spanish				

Student Qualifies for Placement in Dual Language Program: Yes No

Parent Notified: In Person Phone Call Letter Mailed

TISD Attendance Zone based on Residence _____

TISD Transfer Forms Completed (date) _____

Scanned to Student Services (date) _____

For Campus Office:

⬆️ Already identified LEP & receiving Bilingual services according to TEAMS (LEP / BIL tag)