



HARVEST ELEMENTARY SCHOOL SPANISH IMMERSION PROGRAM 2013-2014 DUAL IMMERSION APPLICATION

Student Applicant Name: _____
Last First Middle

Parent/Guardian Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____ (please print clearly)

Student's Date of Birth: ____/____/____ (DD/MM/YYYY) Gender: Male Female

Student's Primary Language: _____ Language(s) spoken in the home: _____

Other language(s) the student speaks: _____

Fluency level of student in other language(s): Beginning Intermediate Fluent

Has the child had any previous experience with Latin America or learning Spanish? Yes No

If so, explain: _____

Does the child have a sibling(s) in Harvest's Immersion Program? Yes No

If yes, list sibling's name(s): _____

Will the child have sibling applying for an Out-of-Area Transfer to also attend Harvest? Yes No

If yes, please indicate the grade level(s) each sibling will attend next year: K 1 2 3 4 5 6

Current Boundary School and District: _____
Boundary School School District

I have read and agree to the "Application Process and Condition of Placement in the Spanish Immersion Program" (See Document)

Parent Signature: _____ Date _____

Please submit the application in person or by mail to Harvest Elementary School (2105 Providence Drive, Saratoga Springs, UT 84045) **by 4:00 p.m., March 1, 2013**. The application will be marked with the date and time received and a copy given to you. If you mail the application, please include a self-addressed, stamped envelope for the school to return a copy to you. **It is your responsibility to confirm with the school that the application was received.**

Notification for selection or placement will be sent out by March 15, 2013. Please call Kristen Turner at 801-610-8709 if you have not received notification of your child's selection by March 22, 2013. Those who are selected must return the *Parent Commitment & Registration Forms* by March 29, 2013.

For Office Use Only

Received: Date: ____/____/____	Received by:	Attendance Area: <input type="checkbox"/> In <input type="checkbox"/> Out	Immersion Sibling <input type="checkbox"/> Yes <input type="checkbox"/> No
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