



Harvest Elementary School

"Planting Knowledge For Life's Harvest"

Spanish Dual Language Immersion 2015 - 2016 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): _____

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 rate your order of preference (1-9) of schools. You MUST submit an application at each school individually.
___ Alpine Elementary (Chinese) ___ Cascade Elementary (Chinese) ___ Orchard Elementary (Spanish)
___ Aspen Elementary (Chinese) ___ Cherry Hill Elementary (Spanish) ___ Riverview Elementary (Chinese)
___ Black Ridge Elementary (Chinese) ___ Harvest Elementary (Spanish) ___ Rocky Mtn Elem. (Portuguese)

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., February 27, 2014**. 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 16, 2015. Please call Kristen Turner at 801-610-8709 if you have not received notification of your child's selection by March 20, 2015. Those who are selected must return the *Parent Commitment & Registration Forms* by March 27, 2015.

For Office Use Only

Received: Date: ____/____/____	Received by:	Attendance Area: ___In ___Out	Immersion Sibling ___Yes ___No
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