



793 N. Main Street Glen Ellyn, IL 60137

Dual Language Education Program Kindergarten Interest Form 2024-2025

This form is for the purpose of identifying families that have an interest in their child participating in the Kindergarten Dual Language Program. Please return this form to Juan Suarez at the Central Service Office or nearest elementary school. It can be hand-delivered, emailed to jsuarez@d41.org or mailed to 793 N. Main Street, Glen Ellyn, IL 60137. This form does not guarantee a position within the program, nor does it guarantee time preference. If there is more interest than there are spots, a lottery system will be used for student selection. The lottery will take place on <u>April 3rd, 2024</u>. Once the selection process is complete a notification letter of acceptance status will be sent to all applicants. This form will be date-stamped on the date it was received. Please retain a copy for your records. This program is for District 41 students only. Students must be enrolled in District 41 to be considered for the program.

Deadline to return form is February 22nd, 2024, by 4:00PM. Please return to the Central Service Office or nearest elementary school.

Student Information:

			Gender: (male) (female)
Student's Last Name	First Name	DOB: Month/Day/Year	
Student's Street Address			
City	State	Zip Code	
Child's Home School:	(Class Time Preference: (AM)	(PM)
Does your child have a sibling alread	y in the dual language program?	(yes) (no) Sibling name ar	nd grade:
Parent/Guardian Information:			
1st Parent's Last Name	First Name	Phone Number	E-mail address
2nd Parent's Last Name	First Name	Phone Number	E-mail address
Is a language other than English spol	ken in your home? (yes) (no)	If yes, what language?	
Does your child speak a language oth	er than English? (yes) (no)	If yes, what language?	
Parent/Guardian Signature	D	ate	
District Use Only:			
Gle	n Ellyn School District 41, 793 N	N. Main St., Glen Ellyn, IL 60	137

Phone 630.790.6400 Fax 630.790.1867 www.d41.org