**White Sulphur Elementary School**

 **Dual Language Path**

**Program of Choice Application**

**2023-2024**

|  |
| --- |
| Child’s Last Name First Name Middle Initial |
| 2023-2024 Grade Level Date of Birth (MM/DD/YY) Gender |
| Home Address City State Zip |
| County of Residence Zoned School District Zoned School  |
| Parent/Guardian Names Email |
| Home Number Cell Number Other Number |
| Home Language |
| Sibling of Current Student at WSES? (please list siblings) Yes No |
| Parent Employee of WSES? Yes No |

**PARENT ASSURANCES:** As a Parent/Guardian, I understand that:

* **The Dual Language Path Program of Choice will include approximately 50% of instruction in Spanish and 50% of instruction in English.**
* **I must provide transportation to and from school for my child if I live outside the WSES attendance zone.**
* **I commit to my child’s participation in the Dual Language Path Program of Choice from kindergarten through 5th grade to ensure my child will receive the maximum benefit from the program.**
* **If my child has persistent attendance, behavior, or motivation issues, he/she may be required to return to his/her zoned school.**
* **If at any time during the program it is decided that the Dual Language Path Program of Choice is not the optimal environment for my child to succeed, he/she may be required to return to his/her zoned school.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**