



Sandra Dunagan Deal Elementary School Dual Language Path Program of Choice Application 2024-2025

Child's Last Name	First Name	Middle Initial	
2024-2025 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 or RES? (please list siblings)			
Yes No			
Parent Employee of WSES or RES?			
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 SDDDES 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