Kenosha Unified School District

maximizing the brilliance of children

Date and Time Received: _____

KUSD DUAL LANGUAGE PROGRAM

Student Interest Form for Kindergarten Enrollment

(Return to EBSOLA Dual Language, 2600-50th St. or ESC, Office of Language Acquisition Program 3600-52nd St. Kenosha)

Today's date: _____ Child's date of birth: _____ Child's current age: _____

Student's full name: _____

Gender (circle one): Male Female

Student's neighborhood school: _____

Student's address: _____ City: _____ Zip code: _____

Phone number(s): _____ Cell phone number(s): _____ e-mail address: _____

Preferred method of contact? phone____ e-mail____ U.S. post____

Current siblings in EBSOLA Dual Language? YES NO

Sibling name: _____ grade: _____

Sibling name: _____ grade: _____

Primary language spoken by child: _____ by parent/Guardian(s): _____

Schools previously attended: _____

Please list all younger siblings at home and their ages (to help us anticipate future enrollments)

1. _____ Age: _____
2. _____ Age: _____
3. _____ Age: _____

How did you learn about the dual language program? _____

I am interested in having my child attend the dual language program at:

_____EBSOLA Dual Language only
_____Neighborhood school only
_____Either EBSOLA Dual Language or neighborhood school

Parent/Guardian(s) Name: _____ Signature: _____

Updated 12/19/2012