



Dual Language Bilingual Program

Registration Form

2013-14

Name of Student: _____

Date of Birth: _____ Male Female

Home Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____

Father's Name: _____

Guardian's Name: _____

E-mail Address: _____

Student's Dominant Language: English Spanish Both (Bilingual)

Home Language: English Spanish Both (Bilingual)

We wish our child to attend the Dual Language Program offered in:

Grant Elementary School Wilson Elementary School

Transportation to the school is the parent's responsibility.

It is our understanding that the students enrolled in this program will be taught in two languages (50% in English and 50% in Spanish). There will be a balance of students from both language groups. The teachers will maintain language purity. There will be no translations during instruction. The goal is for my child to achieve bilingualism and biliteracy while learning cultural acceptance for others. Common Core State Standards and the Model Curriculum will guide instruction in the classes.

Signature of Parent/Guardian: _____ Date: _____

Please return this form by June 1, 2013 to the Bilingual/ESL Dept. at the Trenton Bd. of Education 108 N. Clinton Ave. Trenton, NJ 08069 – Attention: Regla M. Monkan or Mildred Miranda