

**Jersey City Public Schools
Prek English/Spanish Dual Language Program
Application Form
2010-2011**

Name of Student: _____ M _____ F _____
First Middle Last

Date of Birth: _____ Grade Entering: Prek 3 _____ Prek 4 _____
Month/Date/Year

Name of Parent/Guardian: _____
First Middle Last

Address: _____

Phone Numbers: _____
Home Work Cell Cell

Child's Home School: _____ Child's Country of Origin: _____

What is the first language your child learned to speak? _____

What language(s) does your child speak at home? _____

What language does your child speak most often? _____

Does your child have a sibling in the Dual Language Program? Yes _____ No _____

Applying for Prek English/Spanish Dual Language Program at (please choose only 1):

Frank R. Conwell School #3 (Prek 3-year Old Program)

Dr. Michael Conti School #5 (Prek 4-year Old Program)

Application Process

Eligibility Requirements	<ul style="list-style-type: none"> • Child must be of age on or before October 1, 2010 • Child must be a resident of Jersey City
Steps To Apply	<ul style="list-style-type: none"> • Child must be registered for prek in the neighborhood school • Complete and submit the Prek English/Spanish Dual Language Program Application Form by May 21, 2010 to: Jersey City Public Schools Early Childhood Department 346 Claremont Ave. Jersey City, NJ 07305 Attn: Alysia Cole-Felder Fax #: 201-451-8817 • Participate in an interview with the Dual Language Committee, if applicable

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Please consider my child for Jersey City Public Schools Prek English/Spanish Dual Language Program. I understand that the program goals are to provide the educational environment and instruction that will enable students to become bilingual, biliterate, and bicultural by:

- Increasing student achievement
- Developing fluency in communication and literacy in both English and Spanish
- Fostering an appreciation and understanding of other cultures

I understand that if my child is selected for the Prek English/Spanish Dual Language Program, it is a long term commitment of 4 years. I am aware of the importance of my participation and collaboration and will therefore agree to:

- Send my child to school regularly and on time
- Work with the teacher to accomplish the program goals
- Attend parent meetings
- Read 15 minutes every night with my child in his/her native language

I have read and understand the above commitment.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Please return by May 21, 2010

For further information, please contact:

Alysia Cole-Felder, Director of the Early Childhood Department, 201-915-6078

FOR OFFICE USE ONLY	Reviewed By: _____
Date Received: _____	Time: _____
Placement: Approved _____	Disapproved _____
Comments: _____	